

ICA HOUSING CO-OPERATIVES

Housing and Services for People with Special Needs

A manual
for organisers and local leaders
of housing co-operatives caring for
people with special needs such as the disabled and
the aged among their members

Edited by

Claus J. Hachmann and Hans-H. Münkner
Berlin and Marburg/Germany



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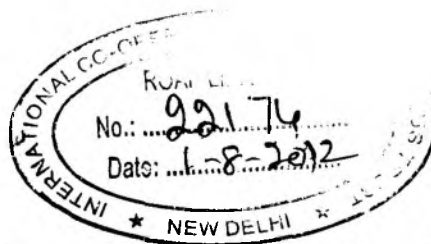
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Housing and Services for People with Special Needs

Contents

Preface	V
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Part I

Introduction	1
---------------------------	----------

Holistic approach, sustainable development and co-operative orientation	1
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1. What kind of special needs?	2
2. Why this topic now?	3
3. Problem areas related to this topic.....	4
4. Arguments for “Multi-stakeholder Co-operative” approach	4
5. Measures	6
6. Funding models	8
7. Special opportunities and problems with “Multi-stakeholder” co-operatives or organisations	9
8. Best practice – best choices.....	10

Part II

Summary of National Experience and Cases	15
---	-----------

Belgium , Services for persons with limited mobility, Co-operative Society “Germinal” , Brussels	15
--	----

Canada , Inclusiveness in Action	19
---	----

(a) Stanley Noble Strong Housing Co-operative, Vancouver, British Columbia	22
(b) Humberview Housing Co-operative, Toronto, Ontario	24
(c) Margaret Laurence Housing Co-operative, Toronto, Ontario	28
Learning from Experience	31
Conclusion	34
Estonia	37
(a) Estonian Chamber of Disabled People	37
(b) The Estonian Disabled Peoples' Fund	37
(c) Rehabilitation Technology Centre at Tallinn University	38
Germany	41
(a) The Housing Co-operative "Freie Scholle" (Free Land), Bielefeld	41
(b) Familiar Housing for the Elderly, a project of Altonaer Spar- und Bauverein eG (Savings and Construction Association, Co-operative Society Ltd.), Hamburg	45
(c) Sophia Project	50
Ireland , Irish experience with housing services for people with disabilities	54
Italy , Housing policies for the elderly	58
(a) Housing Policies for the Eldery in Italy	58
(b) Example of Housing for the Elderly implemented with the Lazio Region Financial Support	61
(c) Social Co-operatives in Italy	62
The Netherlands , "All-living Concept", Experience of the Woonzorg Nederland Foundation, Amsterdam, with housing for the elderly	65
Norway , Housing for the elderly and the handicapped, two examples: Housing co-operative "Midtlokken" in Tonsberg and Co-operative Housing Association in Asgardstrand	67
Philippines , Independent Living in the Philippines The Bigay Buhay (life giving) Multipurpose Co-operative, BBMC, in Quezon City	71

Spain, Intergeneration-Housing for aged people	
The values of generation mixing	75
Sweden, Experience of HSB	82
(a) The Parkinson House Utkast in Täby/Roslagen and eldercare	82
(b) Vigs Angar Older Persons' Housing Complex, Köpingebro, Southern Sweden	87
United Kingdom, Lifetime Homes in Northern Ireland.....	92
USA, California Community Housing, Helping Independence Along	98

Part III

Summary and Conclusions.....	102
-------------------------------------	------------

Annexes

1. Co-operative Principles of ICA Housing	106
2. List of Abbreviations	109
3. Further Readings	110
4. Useful Addresses	112

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
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65
66
67
68
69
70
71
72
73
74
75
76
77
78
79
80
81
82
83
84
85
86
87
88
89
90
91
92
93
94
95
96
97
98
99
100

Housing and Services for People with Special Needs

Preface

The aim of the European Year of the Disabled is to draw the attention of the public to their situation and to offer some relevant recommendations to improve their quality of life.

In this regard, housing is playing an essential role. Therefore, ICA Housing organized a seminar on people with special needs in October 2002 in Lisbon. Through the in-depth discussions it became obvious that more than just technical improvements are needed when talking about integrative projects.

In countries like Italy a combination of housing and work has been realized for the “other-abled”, as they are called in their social co-operatives. In these co-operatives they feel at home, because there is no discrimination and even members with paralyzed arms and legs can be integrated into productive work. They are proud to offer their products without a label “made by handicapped”, because the quality is high and they want to compete in the market.

In a developing country like the Philippines the struggle for full integration is much harder. Nevertheless, the case study of a multipurpose co-operative in Manila shows what is possible even under difficult circumstances.

The social isolation is an essential issue and has to be overcome. This is in principle also true for the elderly, who generally suffer from isolation as well. They are of different physical and psychological (in)stability. For them, solidarity between generations and within the group through co-housing can help a lot and should be encouraged.

Once elderly find a new task, they may enjoy their life. This is illustrated by the Swedish example. Modern technology can also help to overcome isolation – for handicapped and elderly – provided it is easy to handle.

Financing of innovative projects is often a crucial issue. Therefore, self-help is an encouraging alternative to professional supported housing.

“Working hours accounts” are such efforts, where physically and psychologically stable elderly or handicapped persons help other less fortunate neighbours. Once they need help themselves, they will benefit from the younger or more stable neighbours. Such a model is for example practised by “Aktiv”, a co-operative society in Cologne, Germany.

Extraordinary case studies are reported from Canada. Different target groups (handicapped, elderly, aids-groups, ...) are living in a positive environment of a co-operative which enables them to lead an independent and in most cases also an integrative life. Voluntarily they take over certain functions within the co-operative society, which gives them a new economic and social perspective.

VI

We want to thank Prof. Hans-H. Münkner, Marburg and also all organisations, housing associations and co-operatives for their valuable contribution.

Certainly we can learn a lot from the successful projects for our work. Groups like the elderly will become a more and more significant segment of our population. Therefore, innovative solutions in the international context can help a lot to improve the services for these target groups.

Jens Heiser
President of ICA Housing

Part I

Introduction

by Hans-H. Münkner

Holistic approach, sustainable development and co-operative orientation

When dealing with problems of housing and services for people with special needs, neither sector-specific nor technocratic approaches will bring about lasting results. The basic human need of shelter remains in focus, however, it must be taken into consideration that in particular when dealing with people with special needs, the idea of “building the person before building the house” remains valid, i.e. although satisfying the need of housing is crucial for the well-being and survival of human beings, that other basic needs like life in dignity, self-determination, social integration without discrimination, freedom of association, access to work and health care, access to information and education have to be met as well.

Problems of housing and services for people with special needs can only find a sustainable solution when solved within the context of programmes of integrated urban development, i.e. in joint efforts of all stakeholders concerned, meaning that in addition to the persons directly concerned (the persons with special needs) also specialised public authorities and services in the fields of planning, policy-making and administration, the municipalities, NGOs, local enterprises, and voluntary workers have to participate and to work together in a concerted manner. Solving problems of housing and providing services for people with special needs is a field in which multi-stakeholder co-operatives have an important role to play. They could serve as an organisational framework for providing sustainable, i.e. needs-adjusted, financially affordable, life-time housing for this group.

One important precondition for sustainable development of housing co-operatives or other self-help organisations of persons with special needs is an enabling political, social, economic, technological and ecological environment (cf. UN Guidelines on promoting co-operatives of 2001 and ILO Recommendation 193 of 2002). Both the UN Guidelines and the ILO Recommendation are based on the internationally accepted co-operative value system and principles as defined by the International Co-operative Alliance (ICA) in its statement on the co-operative identity:

“Co-operatives are based on the values of self-help, democracy, equality, equity and solidarity. Co-operative members believe in the ethical values of honesty, openness, social responsibility and caring for others.”

In a more narrow meaning of the subject matter, two target groups have to be dealt with:

- the aged,
- the disabled/other-abled.

In a broader perspective and under present day conditions, also families with children and women could be considered as persons with special housing needs, as suggested in the joint seminar of ICA Housing and ICA Gender Equality on Housing and Services for Special Needs, held in Lisbon on October 8, 2002.

In view of the different demographic development trends in Third World countries with high birth rates and dangers of over-population on the one hand and in the industrialised countries with low birth rates, extended life expectancy and clear perspectives of under-population and an aging society on the other, the issues of special housing needs of families with children and of women as household heads will require different approaches and different solutions.

The individual in isolation will not be able to resolve his or her housing problems. Therefore, in the following the focus will be on:

- activities, projects and programmes based on self-help, mutual help, solidarity and co-operative organisation and on
- concepts allowing to co-ordinate efforts of different stakeholders, to pool resources and to make the voices of people with special needs heard by policy-makers, planners, administrators and persons prepared to implement co-operative solutions.

1. What kind of special needs?

Special needs of the aged:

- Self-determination and self-organisation as much and as long as possible.
- Remain as long as possible in their habitual environment, where they are rooted and socially integrated.
- Remain in touch (“live-in”) with neighbours, friends, the community, avoid isolation, loneliness, feeling excluded and useless.
- Have a dwelling which is adapted to their special needs and capabilities, affordable and available for a life-time.
- Access to information and chances to learn new skills, e.g. the use of the internet and communication by e-mail.

Additional special needs of the disabled, (depending on the disability):

- Self-determination and mobility as much as possible (e.g. right to hire and fire helpers),
- Specially adjusted and equipped dwelling,
- Special medical and health services,

- Contacts to persons with similar disabilities,
- Integration into working life and/or social life,
- Access to training and life-long education.

Special needs of families with children:

- Affordable homes with sufficient space for raising children in a sound and safe environment, including play grounds and sports facilities,
- Access to day-care centres, kindergartens, schools and training facilities,
- Arrangements which allow single mothers to combine family and work, e.g. office space for tele-work in housing estates,
- Special support programmes for low income families in order to enable them to participate in joint activities and – as much as they can – in self-help programmes rather than being excluded,
- Measures to prevent children from becoming a cause for poverty.

2. Why this topic now?

In times of globalisation, change does not only affect the economy, the markets and the flow of capital. We are also witnessing global spreading of ideas, concepts, programs, both good and bad. This rapid and in some fields radical change forces everyone to take these changes into consideration when planning and implementing future projects and programs.

What has changed?

Far reaching social change includes:

- change of value systems,
- Growing individualism,
- Weakening of family structures,
- Changing demographic structures.

What is often referred to as knowledge revolution leading to a knowledge and information society requires from people to adjust their behaviour and changes their life-style. This especially refers to:

- Life-long learning,
- Medical systems,
- Technological systems.

There is an increasing world-wide awareness - a kind of globalisation - of Human Rights:

- Right to equal treatment,
- Right to minimum standards of living and social security,
- Freedom of association.

3. Problem areas related to the topic

Those immediately concerned: the disabled, the elderly, low income families with children have limited scope for self-help, if left on their own.

Hence: There is a need to mobilise support, to involve others who are stronger and who are interested in solving these problems.

There are Important differences between the aged, people with disabilities and low-income families:

- **The aged** can prepare themselves in time for foreseeable special needs (but usually fail to do so).
- **The disabled** (in case of accident) can only take measures after special needs arise.
- **Low income families** can run into difficulties beyond control in case of unemployment of the bread-winner, divorce or break-up of families and in case of health problems, with immediate effects on their capability to pay rent of their current home or to find affordable housing suited to their needs. Usually housing co-operatives are the first to be confronted with the consequences of unemployment or shortage of funds.

4. Arguments for “Multi-stakeholder Co-operative” approach

Main target groups:

People with special needs have in common that alone their chances to resolve their housing problems in the broadest meaning of the term are poor. What they need can only be provided by pooling all available resources, i.e. by contributing themselves as much as they can but also with active support of others belonging to the stronger strata of society who, however, may need the same kind of solidarity asked from them today at a later stage when they become old or handicapped themselves.

What the aged need is:

- self-determination, self-responsibility as much/as long as possible,
- independent living as much/as long as possible,
- integration into society, i.e. measures against isolation which usually is worsened by poverty,
- access to social and medical services,
- safety.

The disabled have the same requirements but in addition they need:

- Integration into working life despite disability,
 - Recognition and respect as person and citizen, fair treatment.
-

Low Income families with children or single mothers are often facing problems when trying to:

- find affordable home suitable for raising children,
- have access to child care, education and training facilities.

Ethnic minorities belonging to the other groups of persons with special needs.

For this target group one of the additional special problems is to balance the need (and desire) to be integrated into society and the right to preserve their own cultural identity.

If the persons belonging to these groups of people with special needs are unable to resolve their problems alone, where are those to whom they can turn for assistance and who are willing and able to help them to achieve their objectives?

Who are the other stakeholders?

Recent experience with “multi-stakeholder co-operatives” in the United Kingdom (Community co-operatives), Canada and France shows that the following other stakeholders could be considered:

- **Employees** working for persons with special needs,
- **Family members and friends,**
- **Municipalities** with responsibility to provide social security for persons with special needs but usually lacking sufficient funds,
- **NGOs/NPOs** pursuing the objective of supporting and/or empowering persons with special needs,
- **Sponsors or promoters** like corporate citizens, community based businesses (e.g. banks, industries), training institutions (universities, training centres, schools), church, hospitals providing funds and/or ideas,
- **Volunteers**, interested in providing social or medical services, hoping for reciprocity (e.g. time accounts), looking for a meaningful occupation after retirement or after the children have left the house, after spouse died, feeling responsible for fellow citizens,
- **Service providers and professionals**, looking for clients,
- **Co-operatives, mutuals, foundations**, formed by or for the aged and the disabled or providing services to these groups as primary objective or as part of more general objectives,
- **Advocacy groups** like federations, political groupings, lobby groups, representing the interests of the aged and the disabled.

Multi-stakeholder co-operatives

Multi-stakeholder co-operatives are different from conventional co-operatives in various ways:

Their **membership is heterogeneous**, which requires special efforts to integrate the membership group towards the common goal.

Self-help and helping others are combined in such a way that some of the members are more on the receiving side while others are more on the contributing side, but all receive and contribute. The overriding concern of all is to avoid social exclusion and to limit the social and financial cost of such exclusion.

The common objective can only be reached if all (the weak and the stronger) co-operate. **Goal-setting and decision-making** must be organised in such a way that every member has a chance to contribute and to be heard and that no member dominates. Special measures have to be devised to **assess performance** and to measure economic, social and societal success. In case of multi-stakeholder co-operatives, some of the “classical” co-operative principles have to be reconsidered and in particular the role of the municipality as partner and stakeholder has to be reassessed.

To accommodate these new perspectives, multi-stakeholder co-operatives need a special legal framework, restricting the power of the strong members without allowing the weak members to dominate by their numbers. The solution found in new legislation for multi-stakeholder co-operatives (in Canada and France) is a kind of block vote, subdividing the membership into groups and giving each group one vote.

When studying the experience reported from some of the countries and case studies, it becomes clear that deliberate efforts have to be made especially by socially responsible leaders who have a clear vision of the goals to be achieved, who have the support of their fellow-members and stay in office long enough to put their visions into practice.

5. Measures

Measures are required in order to promote co-operative action in favour of persons with special needs:

General measures, at regional, national or international levels:

- Lobbying for housing policies and for setting standards (e.g. in building regulations and in the social codes) for housing that take account of or can be adapted to special needs without excessive costs.
- Interested parties: municipalities, construction firms, architects, mortgage banks, housing co-operatives have to be brought together to forge local alliances and to pursue common goals.
- This process is already under way: Development of approaches, models, guidelines, recommendations and best practice (avoiding any prescription of blue-prints) already exist and will be summarised, documented and presented in form of the present publication.

General standards will be derived from “pilot projects”, i.e. by analysing existing projects with regard to their strengths and weaknesses.

Criteria for best practice:

Dwellings must be

- **Innovative**, e.g. expandable or divisible, with electronic service equipment, e.g. alarm systems operating around the clock and access to social and medical services via internet or electronic devices,
- **ecologically sound**, e.g. low energy consumption, evaporation coolers, active and passive solar systems, use of natural, locally available construction materials, effective use and treatment of water,
- **socially integrative**, e.g. for mixed living, multi-generation housing, multi-household living, combination of houses for independent living and living with home care, giving residents a choice, combination of private, common and communal space, e.g. therapeutic baths, swimming pool, cafeteria, shops open to the public, access to information and education opportunities as well as social and cultural events, enhancing social cohesion with local community (connectivity),
- **adjusted or adjustable**, e.g. expandable or reducible, following standards regarding stairs, lifts, doors, socket heights, heating controls and fittings, baths, toilets, car parking facilities, fire escape, smart technology,
- **affordable**, e.g. special dwelling design for low income seniors, e.g. reduced energy consumption, small dwelling units (single-storey, one bed) with common living facilities, lower than average construction costs,
- **replicable**, e.g. need to develop models of sustainable prototypes for multi-household living, general standards, guidelines, tool boxes, training opportunities and training or self-study materials.

Measures to raise public awareness of the housing problems of persons with special needs

- Building a comprehensive knowledge base by working with government, research bodies, the disabled community and advocacy groups of the elderly or for children’s rights, in order to have data and an accurate picture of the living and working conditions faced by persons with special needs.
 - Carry out information and promotional campaigns, including the production of tools and aids accessible to people with special needs.
 - Promote exchange of experience on good practice and effective strategies devised at local, national and international levels.
 - Reinforce co-operation between all stakeholders.
-

6. Funding models

Finding financial means to implement housing projects for people with special needs is difficult. The common argument is that the costs for adjustment of dwellings, technical equipment of apartments and service packages are too high to be offered to low income persons. Experience gained in the programs and cases reported in this book show that - even though a lot of imagination, effort, lobbying and good leadership are needed -, ways can be found for instance by tapping different sources, social aid programs, health care schemes etc, and to convince policy-makers at all levels that extra cost for adjusted housing and services have to be set-off against the cost of residential care which often would be the only viable alternative and against the social cost of isolating and excluding the handicapped and the elderly from mainstream social and economic life.

Funding models for housing persons with special needs would have to be put together from all or any of the following components:

- Contributions of members (in case of housing co-operatives) or co-owners, tenants/users (in case of condominiums or council houses) in cash or kind (e.g. time – sweat equity, recorded on time accounts),
- Long term saving for housing,
- Community budget,
- Public programme finance,
- Foundations or trust funds,
- Charities,
- Service charges (e.g. renting out common facilities),
- Public grants and subsidized interest rates e.g. in the Baltic states.

To overcome the financial problems without relying too much on the (often depleted) public funds, one lasting solution may lie in developing a kind of **intra-co-operative generation contract**, where young persons are given access to facilities financed by contributions of past and current members, agree to join a saving scheme and to renounce to claims of surplus distribution (interest or dividend) in order to make provision for the future. This would be a typically co-operative solution with exclusion of speculative capital gains and accumulation of an indivisible (neutralised) collective capital designated exclusively for *providing and securing services and facilities for present and future members*, keeping the door open to all who are ready to share the responsibilities in return for enjoying rights of membership, i.e. the right to housing adjusted to needs.

7. **Special opportunities and problems with “Multi-stakeholder” co-operatives or organisations**

In one way or another, all experience described and cases presented in this book are showing some features of the model of the “multi-stakeholder co-operative” which was especially designed to deal with the question of how to overcome problems of exclusion and isolation of persons with special needs and low income in today’s mobile, individualistic, knowledge oriented society. It appears that we have to take a new look at old ways of interpreting and applying the co-operative principles, self-help and helping others and the relationship between co-operatives and government. Some of these new ways of seeing things are already mentioned in the new co-operative principles of the ICA of 1995.

Multi-stakeholder co-operatives are different from conventional co-operatives in several respect:

- They deal with heterogeneous membership – continuous efforts to harmonise interests and to focus them on the common objective: To provide dwellings meeting the special needs of the main target group,
- They have to devise new ways of distributing voting power,
- They work with the municipality as an equal partner,
- They have to operate like enterprises while pursuing mainly social objectives and to raise enough funds to meet the operating costs while remaining an NPO, to pay a nucleus of qualified staff and to organise their cooperation with part-time workers, volunteers and members,
- They have to raise enough funds to maintain and to develop their facilities,
- Their success as a promotion-oriented enterprise, i.e. their success in reaching the organisation’s objectives has to be measured in a special way, other than using profit made and shareholder value as measurement. Performance audit in addition to conventional financial audit.

Special instruments to measure member/user-oriented effectiveness in user-led, promotion-oriented enterprises have been developed which can also be used in housing co-operatives, e.g. member satisfaction, how many members/tenants left the facilities? Is there a waiting list?

Other instruments are:

- Social audit,
- Promotion plan and promotion report,
- Assessment of general contributions to the well-being of society (bilan sociétal).

8. Best practice – best choices

Subject matter	Best Practice
Active participation of residents	<p>Resident participation in design and management, e.g. recruitment of staff; active choice of service providers.</p> <p>Investment in structures for two way communication between members and co-operative, e.g. neighbourhood meeting points.</p> <p>Decentralised structures with relatively small local units to offer suitable structures for operating close to and with active participation of the members.</p>
Types of organisation	<ul style="list-style-type: none"> • Housing co-operative • Multi-purpose co-operative • Multi-stakeholder co-operative • Social co-operative • Foundation • Advocacy and lobby organisation • Organisations for appropriate technology
Leadership	<p>Leadership with a clear view of goals to be achieved and with a long-term vision of what should be achieved and what the members need.</p>
Innovative, participatory management approaches	<p>E.g. social management; One part-time carers for residents of one cottage/building plus regular visits by health and social care professionals, recruited and controlled with participation of the users;</p> <p>Value based management, training managers and staff in the field of co-operative values and business philosophy.</p>
Funding	<p>Funding-mix consisting of contributions by members/users, entitlements of members to public funding, tapping all relevant programs for public and private funding, establishing foundation, central fund or trust fund, gradual repayment by way of “climbing loans”, i.e. gradually increasing instalments, subsidized interest rates of loans.</p>
Joint services	<p>Transport, household aids, part time care for residents of several dwellings; block ADL (assistance to daily life); agreement with service agency/agencies; local strategic alliances for customisation of service packages to local needs.</p>

Combinations opening choices	<p>Apartments and group houses, multi-household structures, small private dwelling with common rooms and facilities (garden, fireplace, running water, daylight, covered out-door rooms), allowing different levels of social interaction; inclusive care complexes with small individual units;</p> <p>Multi-generation housing;</p> <p>Independent living and home care.</p>
Connectivity	<p>Avoid segregation, e.g. not building exclusively for the disabled, but easily adaptable dwellings to suit changing needs, interaction with local community by opening some areas of condominiums or apartment houses to the public</p>
Community support	<p>Initiative, funding, provision of land and buildings, active participation, care facilities with high social value, e.g. life time care</p> <p>Readiness to apply standards to all tenures and existing stock (e.g. allow access of disabled persons to relatives and friends)</p>
Research	<p>Four main areas of research: Adapted housing standards; adapted communication, health and care technology; integrative social structures; management patterns conducive to combining economic thinking with social responsibility.</p> <p>How to plan and determine standards to enhance flexibility and adaptability of new dwellings</p> <p>4 types of data:</p> <ul style="list-style-type: none"> • Housing access standards, • Economic appraisal • Standards seen from the perspective of the building industry • Standards seen from the perspective of users <p>Identify and overcome obstacles in the way of extending the concept barrier-free space to all existing and planned stock.</p> <p>Development and testing assistive techniques, smart homes.</p> <p>Policy dialogue with decision-makers to achieve harmonisation of standards across sectors.</p> <p>Develop methods how to identify, evaluate, disseminate and promote best practice in housing and care.</p>

	Develop special management methods for user-driven, promotion oriented enterprises.
Economic appraisal	<p>Cost-benefit analyses</p> <p>Application of special methods of evaluation of socio-economic and ecological efficiency (institutional efficiency, user-oriented effectiveness, financial and ecological sustainability)</p> <p>Success criteria:</p> <ul style="list-style-type: none"> • How many moved out of their dwellings and into nursing homes? • How many died in their own home?
Social appraisal	<p>Measures to assess member-oriented effectiveness, based on both objective and subjective criteria: Promotion plan – promotion report, social audit, bilan sociétal.</p> <p>Survey of member satisfaction;</p> <p>Monitoring entry and withdrawal of members, duration of membership.</p>
Suitable technology	<p>Sustainable prototypes</p> <p>Building design for all stages (life time care)</p> <p>Assistive techniques, smart homes</p> <p>Technology for link-up with advanced information technologies</p> <p>E.g. Estonian Rehabilitation Technology Centre</p>
Architecture	<p>Attractive, progressive design, view of surrounding nature, interior design suited to aiding the residents' well being, only natural construction material from sustainable sources, resident participation in design</p> <p>Design life-time homes which can be easily adapted to suit changing needs, i.e. "design in" the future needs of occupiers in new construction and in the renovation of older stock</p> <p>Make houses universally usable for the benefit of users and visitors</p>
Advocacy, networking, lobby	<p>E.g. Estonian Chamber of Disabled People, Disabled People's Fund</p> <p>Tasks:</p> <ul style="list-style-type: none"> • Build alliances of local community, local co-operatives, NGOs and municipality for support • Act as co-ordinator

	<ul style="list-style-type: none"> • Influence public opinion • Initiate and implement legislative suggestions, e.g. concerning human rights • Represent the interest of the users • Observe implementation of standards <p>Lobby like in case of Swedish Parkinson Association Advocacy for reduction of residential care facilities and replacement by independent homes combined with care package.</p> <p>Establish or strengthen centres for advice and consultation on adjustment of dwellings and services and choice of applicants for participation in projects.</p>
Legal framework	<ul style="list-style-type: none"> • Amend building regulations to meet standards taking special needs into consideration, set norms for adjusted dwellings. • Eliminate barriers and statutory limitations in regulation and funding of housing and care packages, core apartments and social dwellings. • Adjust provisions governing leases, termination of leases and breach of contract to the special conditions of housing and care. • Review social welfare legislation with a view to introduce clear criteria for access to adjusted housing and care services. • Review provision governing the operations of small shops and boutiques in residential areas to allow essential services close to the handicapped and aged. • Introduce special provisions for multi-stakeholder co-operatives.

Part II

Summary of National Experience and Cases

Part II contains a collection of reports on national experience and case studies dealing with the solution of housing problems of disabled persons and senior citizens, provided by national or regional co-operative federations upon request of ICA Housing.

Belgium

Assistance in daily life in social housing societies of the region of Brussels

Fédération des sociétés coopératives de logement à Bruxelles
Services for persons with limited mobility
Co-operative Society "Germinal", Brussels

Introduction

In the following, a survey is given of the relevant elements of services to assist handicapped and elderly persons in daily life.¹

This survey was elaborated in a participatory process by a working group convened by the public authorities on the basis of a collection of information, ideas and needs conducted by the National Association for Housing Handicapped Persons and several housing projects. The report was reviewed and amended after discussions with persons working in this field.

1. Assistance to daily life (ADL)

The types of services needed by persons with a heavy physical handicap, to allow them some degree of independent living can be summarised as follows:

The target group of the ADL project are persons with the ability to express their needs in a clear manner and who depend on immediate access to support services around the clock.

The services are designed for elderly persons in family care, who come into difficulties and to persons staying in fully or partly adjusted dwellings.

Not included in ADL are:

- Specialised services, e.g. health care,
- special services on demand,

¹ This report is based on a presentation by S.L.R.B. (Service for Housing in the Region of Brussels) for Secrétaire d'Etat Mr. Alain Hutchinson, October 1999.

- routine house-keeping,
- maintenance of the dwelling, education etc.

Minimum requirements for access to ADL are:

- The person must be in a position to express his/her needs and to take responsibility,
- The person must be entitled to social housing, e.g. must be handicapped for 66 percent or more and must have signed an ADL contract.

2. What does adjusted dwelling mean?

Adjusted dwelling means suitable to the needs of persons with limited mobility, i.e. barrier free space, size of dwelling (e.g room for turning a wheel-chair) and facilities (walls, floor, doors with 90 cm minimum width and windows, adjusted kitchen, bath, other rooms, parking lot, electric fittings, heating system).

Semi-adjusted dwelling means access and free movement in a wheel-chair, accessible toilet in each apartment or on each floor.

Adjustable dwelling means constructions which were not planned or intended for handicapped persons, which, however, allow relatively easy adjustment at an affordable price.

Dwelling adjusted to ADL means:

- Adjusted dwelling,
- access to support services,
- modern technical equipment adjusted to the needs of the person,
- availability of service provider and local staff.

Admittance to adjusted dwellings with ADL services is decided by a commission. Access to services is granted on demand of the handicapped person.

Conditions for being admitted to ADL are:

- To be a wheel-chair user and between 18 and 60 years of age,
- to have lived in Belgium for not less than 5 years and
- to need ADL for leading an independent life.
- Persons should live with 500 m from the service centre.

Funding

There are two components in financing ADL:

- public subsidies for staff cost and operations of ADL service providers and
- contributions by the handicapped calculated on the basis of their income.

3. **Block ADL**

Block ADL refers to a block of 12 to 15 adjusted dwellings, facilitating the work of service providers and allowing independent living for persons with limited mobility or handicap in individual or family dwellings.

A service centre coordinates and organises services according to needs and permanent links with a communication system.

Normal routine services (help with regard to washing, dressing eating) are available around the clock, seven days a week.

4. **The case of the co-operative society “Germinal” asbl**

Out of a total of 800 dwellings, 13 are adjusted for ADL. In decisions on matters concerning ADL, 50 percent of the board members are users of ADL.

Services are provided by one co-ordinator and 10 assistants having received a minimum training as aids for family care. They are employed by a joint service centre for three projects (co-operatives or associations) with a total of 48 adjusted dwellings, serving 48 handicapped persons.

5. **Problems**

From the ADL service provider’s perspective the main problems are:

- Cost of office space for the service centre,
- lack of facilities in the office of the service providers (e.g. meeting room, shower).
- concentration of adjusted dwellings in one building (i.e. no spread of risk),
- problems with giving notice with regard to the lease for office space in case of breaches of service agreements.

From the housing co-operative’s perspective the main problems are:

- Cost of adjustment of dwellings,
- Cost of maintenance of adjusted dwellings,
- Problems with adjustment of dwellings due to the lease.

From the user’s perspective the main problems are:

- Access to adjusted dwellings through the municipality,
- Maintenance, repair and renewal of special equipment (door openers, communication system, alarms).
- Obligation to participate in general expenses to equip and maintain the jointly used parts of the housing estate (e.g. main entrance door).

A **general problem** is to know from the beginning (at the time of inscription for ADL) what are the needs of the respective person.

It is intended to broaden the target group from the handicapped to include also the aged.

6. Adjustment of legal framework

The legal framework within which ADL service is operating needs to be adjusted mainly in three fields:

- The social welfare code has to contain a clear definition of the conditions for access to ADL services for the handicapped or other persons with special needs.
- The provisions governing leases and notice of leases as well as for breach of contract and consequences thereof have to be adjusted to cover the special requirements of ADL.
- Norms for adjusted dwellings and for their technical equipment are needed.

7. Central institution for ADL

It would be advantageous if a centre for advice and consultation were created which could help handicapped persons to make applications and co-operative societies in their choice of candidates for adjusted dwellings.

For more information please contact:

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Canada

Inclusiveness in Action

Co-operative Housing Foundation Canada

Canadian experience is presented in a report with six case studies under the heading "Inclusiveness in Action", prepared by the Co-operative Housing Federation Canada, Ottawa, in April 2002.

Inclusiveness is defined as one of the long standing traditions of international co-operation connected with the co-operative principle of open membership without exception.

The case studies deal with supporting diversity and integrating social needs in Canadian housing co-operatives.

The study was initiated by the interest of the ICA Housing Committee in this topic, as articulated in the conclusions of the ICA Housing Seminar in Ankara 2001. It was financially supported by the Canadian Government and the findings were presented to the ICA Housing Committee in October 2002 in Lisbon.

Contributors to the study were:

- The government of Canada (for funding),
- 3 field consultants in Vancouver, Toronto and Quebec,
- specialists of the Co-operative Housing Federation Canada and
- the co-operative societies selected for the case studies and ready to tell their story.

The mission of housing co-operatives is to provide housing for those most disadvantaged by the commercial sector. This target group covers a much broader spectrum than the handicapped, often symbolised by people in wheelchairs. It covers the entire social mosaic of society:

- Those with developmental disabilities and mental illness,
- people with AIDS/HIV,
- low-income households,
- those with young children,
- visible minorities,
- gays and lesbians,
- refugees.

This enumeration could be prolonged further by reference to

- pet owners,
 - people who work in the arts,
 - those living on government assistance,
-

- survivors of family violence and
- those whose first language is not English or French.

The report shows how six co-operatives have achieved integrated communities. These co-operative societies are different in size, membership and physical structure, but also have several traits in common:

- They work to maintain an inclusive community,
- they value and intend to preserve their mixed membership and
- they agree to share their stories.

The executive summary gives short surveys of the six cases.

Stanley Noble Strong Housing Co-operative

Vancouver, B.C.

In downtown Vancouver it started with the decision of seven institutionalised quadriplegics to create housing in an integrated building that they could control themselves. Their goal was to design homes, rather than workplaces for caregivers working closely with the architect, they created a 21-unit co-operative that is completely wheelchair-accessible, with about 60 different functions electronically controlled from a chair. Shared care and the coop offer a better quality of life to these quadriplegics. The success of this integrated community is convincing evidence that people with severe disabilities benefit from independence and mutual self-help.

Coal Harbour Housing Co-operative

Vancouver, B.C.

Its enlightened founders consciously planned Coal Harbour, in downtown Vancouver, as an international village. Its members have different ethnic origin, family structures, ages and abilities.

The co-op has established membership criteria, a membership process and ways of running the board and committees that facilitate and encourage this mixture. The building's location is especially attractive to new Canadians of Eastern European origin, who see high-rise living near their workplace as a desirable option for families. In child-focussed Coal Harbour, residents from war-torn countries enjoy a moment of peace in ethnic issues.

Humberview Housing Co-operative

Toronto, Ontario

Humberview, in Toronto, was the vision of a group from Nucleus Housing, an agency for people with spinal injuries. The founders saw the coop as their own initiative into which they integrated the able-bodied. Nucleus members worked intensively with an accessibility consultant during the design phase, resulting in a

building that received a Canada mortgage and Housing Corporation Award for innovative design. Fourteen units are for clients of Nucleus Housing, which provides attendant care and 24-hour monitoring. Humberview's members with and without disabilities enjoy living in an accessible, inclusive building, where they have a say in the management. One resident noted: "many people you see in wheelchairs seem to be mad at the world. That is not the case here."

Margaret Laurence Housing Co-operative

Toronto, Ontario

Margaret Laurence owes its inclusive character to founding directors active in Aids work. A referral arrangement with the people with Aids Foundation guarantees at least 26 units for this special-needs group. People with Aids/HIV form an invisible minority whose privacy is protected with Margaret Laurence's mixed population. In its first year of operation, Margaret Laurence was shaken by the deaths of 40 members, whose lives are recognized in a time capsule in the lobby.

Coopérative d'Habitation La Corvée

Saint-Camille, Quebec

In the village of Saint-Camille older people were leaving to find suitable housing, and the historic rectory was for sale. A group of community leaders seized the chance of saving a heritage building and enabling older residents to age in place. The co-op's membership now includes young people living alone or in couples. The village of Saint-Camille has not only gained nine units of affordable housing (five subsidised) through the creation of the co-op, but also a community garden, kitchen and a meeting space, and a health clinic. One year after opening, the co-op already had a waiting list.

Coopérative d' Habitation Beauséjour

Saint-Fabien-de-Panet, Quebec

Recognising that the small town of Saint-Fabien-de-Panet had an acute shortage of affordable housing, the 15-year old co-op Beauséjour decided to expand by buying houses that older people could not any longer maintain. This new phase of the co-op offers housing and other facilities for young families and for people with mental illnesses. Led by dedicated professionals in the membership, the co-op had renovated 15 houses.

Beauséjour also signed a service agreement with an agency that would screen, help and monitor the members with mental illnesses. Besides these special needs of members, the expansion had benefited older people who were finally able to sell their homes, young families, local building trades and other businesses, and the community as a whole, which had been at risk of losing such vital services as its schools.

Three of these cases are presented in more detail.

(a) Stanley Noble Strong Housing Co-operative

Vancouver, B.C.

In the Beginning Stanley Noble Strong Housing co-operative got its start, when seven quadriplegics (six of them dependent on ventilators to breathe) decided they want housing they could control. These long-time residents of the George Person Centre, a hospital facility for people with physical disabilities, had a dream of privacy and independence for people with disabilities living in an inclusive community. These founders wanted self-contained apartments with care, close to services, in an integrated building. They believed they could create a demonstration project that could be duplicated elsewhere, but doing so would require extraordinary, single-minded leadership.

Vision and Revision

With special needs being an essential part of the co-op concept, the founding board worked with the British Columbia Paraplegic Association (BCPA) in advocacy and co-ordinating roles. A planning committee of the founders, BCPA and the architect considered all aspects of management and building design, adding many unusual features. For example, in the most specialized units, instead of a doorway, sliding panels open the wall that separates living room and bedroom, allowing a member not able to get up to participate in family activities, yet enjoy privacy while medical assistants attend to his or her personal needs. The approach the founders chose was “shared care”, in which people with physical disabilities make joint use of resources and funding.

The structure and philosophy of the developing co-op ensured that the founding board would be responsible for decision-making until move-in. Determined that all the residents should support the goal of self-directed living for people with physical disabilities, the founders themselves interviewed all the other original members – both able-bodied and wheelchair users – and hired the agency that delivers care services.

The Building

Named after Stanley Noble Strong, a Vancouver police officer disabled in an accident, the three-storied co-op building opened in 1992. Its location in urban Vancouver, near False Creek and close to services and transportation, does much to support the members' independence.

The co-op has a roof garden, common room and 21 self-contained apartments, all wheelchair-accessible, with wide doorways, large bathrooms and special sinks and counters. Designed to blend into the neighbourhood, the building is focussed inward with a central garden courtyard. Every unit is “universal” – capable of being modified to meet the changing needs of residents. An infrared device attached to wheelchairs opens gates and doors into the building. The same remote control gives members command of about 60 other functions around their units, including TV, lights and appliances, telephone and intercom.

Seven units on the third floor are designed for people with such disabilities as polio, spinal-cord injuries, muscular dystrophy or cerebral palsy. These members need a high level of care and they themselves must be able to direct ordering their own medical supplies; arranging for maintenance and repair of their equipment; and taking turns at planning menus and shopping for group meals. They also share in problem-solving with other third floor residents, interview with members for these units and hire care staff, including home support workers and three nurses, one of whom sleeps in the building.

Challenges

This remarkable co-op depends on many sources of capital and operating funds. Operating subsidies from a government housing agency and monthly payments from members form its financial basis, but the co-op must turn to other funders for building modifications, care costs and the vacancy losses associated with finding members suitable for shared care.

The co-op's biggest challenge was finding a site close to shopping, leisure activities and medical services. This took about three years and resulted in a building with underground parking too low-ceilinged for wheelchair-accessible vans. As a prototype with self-contained shared-care units, electronic and computer-controlled building systems for residents and a fifty second call response from care staff, the unique demands of the co-op drew heavily on the imagination and skills of its developers.

Ensuring that the units are appropriately occupied can be difficult. The requirements and personalities of residents who share care so completely must be in harmony. And the housing needs of an applicant may not match the adaptations in an available unit. As a result the co-op may sometimes make a choice between paying higher vacancy costs and offering a modified unit to a household that cannot use its special features. Wear and tear from frequent unit modification also raises the co-op's operating costs.

Inclusive Community

Co-op members from various ethnic groups and countries of origin reflect the diversity of Vancouver. Among the mixed membership of young families, single mothers, singles and seniors, several reported having lived in a very poor neighbourhood before moving to Stanley Noble Strong. Now they value the secure tenure and resident control of co-op housing combined with the affordability of assisted housing. One person described members of the co-op as having "big hearts".

Former residents of George Pearson Centre rate their quality of life in the co-op, and with shared care, as "200% better". Since moving in, a number have married, returned to school or started jobs. Members from the specialized floor feel fully independent, closer to friends, whom they can now invite into their homes, and more connected to society. Everyone expressed pride of ownership and described their sense of belonging. The success of the co-ops believed to have convinced sceptical government agencies and service providers that people with physical disabilities are indeed able to live independently in integrated housing. In the

words of a wheelchair-user, the key requirement for successful housing of this kind is to “Design homes rather than workplaces for caregivers.”

(b) Humberview Housing Co-operative

Toronto, Ontario

In the beginning Humberview Co-op was a joint initiative of the co-operative Housing Federation of Toronto and Nucleus Housing, an organisation for people in wheelchairs owing to spinal injuries or such a cause as multiple sclerosis. With two clients on the founding board, Nucleus always intended the co-op to be a fully integrated, inclusive community. As one Nucleus member put it, “Integration is essential. We want people to get on with their lives.”

Vision and Revision

Originally a condominium had been planned for this pleasant site, which backs on a large park bisected by the Humber River in Western Toronto. When the co-op took over the project, it faced opposition from the neighbourhood and the local council, which feared social problems and slum conditions.

In exchange for the necessary approvals, Humberview agreed to limit its rent-geared to income subsidies to 50 % of the total number of units in the building.

During the design phase, Nucleus members worked intensively with an accessibility consultant and an architect planning all aspects of the building. The co-op later received a Canada Mortgage and Housing Corporation award for innovative design. Unfortunately in the final stages of development, government funding restrictions forced the co-op to compromise some accessibility features and other aspects of the design that would affect all members. The co-op was fortunate in having signed an agreement that 14 of the accessible units, with subsidies, would be occupied by applicants referring to Nucleus Housing. Nucleus provides these members with attendant care, 24-hour monitoring and other services and makes good any vacancy losses the co-op may experience for these units. While accurate comparisons are difficult, each co-op unit, for which Nucleus is responsible appears to have an operating cost that is roughly 25,000 – 30,000 Canadian dollars a year, less than the cost of similar services in a chronic care hospital, according to an examination of data from Nucleus and the Ministry of Health and Long-Term Care.

The rest of the modified and partly modified units are available for referrals from other long-term care facilities, but without any financial protection for the co-op, if the units stand empty.

The Building

Since 1991 Humberview Housing Co-operative has occupied a 21-storey apartment building funded under the 1986-91 federal co-operative housing program. The co-op has 140 apartment units (70 subsidized), one used as Nucleus Housing Office. Designed to be fully accessible, the building includes a roof deck and automated equipment on the front door, in the parking garage, on apartment doors and in the laundry room and common room. Most units have

one or two bedrooms, 19 of which are fully adapted for people with disabilities and 21 for wheelchair users who need hallways, doorways, bedrooms and bathrooms large enough for easy chair mobility.

Challenges

Owing to funding restrictions during development, Humberview ended up with modified units that had inadequate stove tops; sliding doors not level at the balcony threshold; swing doors instead of pocket doors; and shower ramps, rather than a ramp into the bathroom and a level bathroom floor.

In addition, the original plan for air-conditioning throughout the building was scaled back to air-conditioning only in the partially modified apartments overlooking a noisy street. A third elevator was eliminated from the plans and the other two reduced in size and quality. These downgrades set the scene for a series of difficult choices.

As a result of these changes, the co-op has been less successful in keeping accessible and mobility units occupied by members in wheelchairs.

Inclusive Community

The founding members with special needs see Humberview as their initiative, into which they have successfully integrated the able-bodied. Members with disabilities are an essential part of the social fabric of the multicultural co-operative.

The co-op membership includes seniors, many households with children as well as people in wheelchairs. The membership as a whole is multicultural, with many Somali households and members from the Chinese, Caribbean and Indian Communities. The special needs population - primarily people with spinal-cord injuries - is childless and not apparently multicultural. Able-bodied members felt that the presence of people in wheelchairs contributed to the co-operative experience.

“Members with special needs are happy to live independently in an accessible building, with a couple of notable exceptions, seem to recognize that people in wheelchairs need some special consideration.” With few housing options, people with special needs may be more likely than other members to see the co-op as their permanent home and, with more at stake, to take part in its operations. Certainly people in wheelchairs have been active in Humberview’s operations, both as directors and Committee members.

The co-op helps members with special needs in a number of small ways such as by installing extra grab bars, where needed and receiving deliveries of medical supplies. Wheelchair users feel safe in this neighbourhood, which offers the services they want. Working with local businesses, they have made steady progress over the last ten years in increasing the number of accessible services and businesses in the area. Clearly, the special need group finds Humberview an inclusive community.

For further information please contact:

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Different ethnic Groups in Humberview, Toronto, Ontario
Photo: CHF Canada



Voice-based wheelchairs enable independent mobility
Photo: CHF Canada

**(c) Margaret Laurence Housing Co-operative
Toronto, Ontario**

In the beginning Margaret Laurence Housing Co-operative, incorporated in 1987, was a client of the Co-operative Housing Federation of Toronto. As years passed without much action, some directors left the board and others joined.

The People with Aids Foundation found that many landlords were treating their clients as undesirables and that subsidized apartments had long waiting lists. The foundation began to approach government housing and co-operatives to ask them to reserve units and subsidies for their clients. Most housing providers were willing to set only one or two apartments for this group.

Vision and Revision

The Margaret Laurence board was well aware of a particular building for people with Aids/HIV, which had become known as the Aids-Building, with a stigma attached to living there. Learning from this, the directors chose to develop Margaret Laurence as an integrated community that would house others, as well as people with Aids/HIV, thus protecting the privacy of members with special needs. Once this decision had been made, the board and the Foundation signed an agreement to reserve a minimum of 26 apartments, which might be anywhere in the building. Apart from this referral agreement, the Foundation has no relationship with the co-op.

The co-operative found its foundation through an Ontario-specific housing program in the early 1990s. Before construction began, the site selected for the co-op was colourfully described by a director as a “vacant lot covered with drug dealers”, but it was close to the services essential for the special needs group.

The Building

Margaret Laurence Co-operative is a 17-storey building in an area of downtown Toronto. First occupied in December 1993, the building has 133 units, more than half of them one-bedroom and bachelor apartments. It also houses an office, a meeting/events room, a laundry room, underground parking and a rooftop garden. Subsidies, not all of which are in use, are available for 75% of the apartments.

In addition to 13 wheelchair-accessible units, the building has automatic openers on all doors in the common areas, front-loading washers and dryers in the laundry room and a chime system in the elevator. The co-op has extra security features in recognition of the vulnerability of its special needs group.

The parking garage, for example, can be reached from the elevator only by key. Access to the building from the garage is also keyed.

Inclusive Community

Said one member, “The co-op is now talked about as an inclusive community. That is a good thing.” People with Aids and HIV make up more than one third of the culturally diverse membership. The majority of members are from the gay

community, with more men than women, a few seniors and a sprinkling of households with children. In addition to referrals from the Foundation, the co-op takes referrals from the City of Toronto's waiting list, often of people with Aids/HIV, who may not be welcome elsewhere.

People with various disabilities occupy the 13 accessible units. No member is expected to volunteer around the co-op, as such a requirement would have exposed the HIV-positive status of those, whose illness prevented them from being active. The co-operative board, which meets monthly, has seven directors elected by the members, often drawn from the special needs group. The full membership meets three times a year. Unlike many co-op communities, Margaret Laurence has no committee structure, except for the on-call committee, whose members are paid an honorarium to be available after office hours.

In its early years the co-op tried to form a special-needs committee to provide services for people with Aids. The committee was never able to do anything, because it could not identify and organize the kinds of services that would have been possible and useful. Co-op neighbours, however, do not find this a challenge. Although nothing is expected beyond "normal neighbourly behaviour" the definition of "neighbourly" is broad, encompassing cooking a meal for someone who is feeling ill, care for a hospitalized member's pet, or picking up groceries for someone, who cannot get out. Members without special needs seem to enjoy the opportunity for practical generosity afforded by neighbours who are ill from time to time. The co-op uses an atypical membership process, in which staff gives applicants a tour of the building, followed by the clear statement that the co-op has a large gay population, in addition to many members with Aids/HIV. Anyone not comfortable with this information almost always withdraws his or her application.

A significant feature of this integrated co-op is that its special needs population is largely indistinguishable from the rest of the membership. Neighbours, and even the co-op manager, may not be aware, that a household, aside from those in the accessible apartments, includes someone with Aids/HIV or which household member it is. The co-op is consistently described as a safe and friendly place to live – a place residents feel fortunate to have as their home.



Organisation of leisure time, Margaret Laurence project, Toronto
Photo: CHF Canada



Members of the group in the Margaret Laurence project, Toronto
Photo: CHF, Canada

Learning from Experience

Based in British Columbia, Ontario and Quebec, the six co-operatives examined, range from recent developments to those of ten and more years of experience behind them. Their histories are as varied as the special needs groups they integrate within richly mixed memberships. Yet commonalities emerge from their different experiences. In order to create an inclusive community, certain conditions, principles and features seem to be important. If not all are present, the co-op may still become a community, that integrates people with special needs and the rest of the membership, but it will likely face greater operating challenges. Here are the common threats that concern these inclusive co-operatives and some of the lessons that can be learned from them.

Integration and Special Needs

The members of these co-operatives – with and without special needs – speak enthusiastically about the benefits of living in an integrated community. People with disabilities say that they feel happier and more independent, and more in control of their living conditions. In Humberview, for example, wheelchair users show no interest in transferring to a hospital-style facility, while, since moving into Stanley Noble Strong, a number of people with disabilities have gone back to school, married or found jobs. And knowing that some in the co-op have special needs seems to encourage most residents to behave in a more caring way towards all their neighbours.

All six co-operatives seem to be effective in serving members with special needs. Each of the big-city-co-ops is located in a neighbourhood that is desirable for its closeness to transportation, medical services, shopping and other resources. Although in its current form, one and perhaps both of the Quebec co-operatives is too new for a full assessment. La Corvée is certainly meeting the needs of older people to age in their home village, living in suitable accommodation among family, friends and familiar surroundings. In all six co-operatives, the co-op buildings were planned to give people with special needs access to all amenities. The units are of reasonable quality and often incorporate many innovative features for people with disabilities, providing them with a far better quality of life.

Some of these co-operatives have also had a positive effect on their neighbourhood, the Quebec co-ops in particular, being local treasures that preserve fine older buildings and deliver a bundle of other benefits. It must be stressed that the co-op form of housing tenure is of particular value in promoting and enhancing integration. Locating those with special needs in a community housing setting, is an important first step; going further and offering the opportunity for democratic control over one's housing community is a benefit of enormous value that a housing co-op alone can provide.

Government Support

Co-ops with a generous special needs component deliver substantial benefits to their members and to the public interest. However, they are more time-

consuming and costly to develop and operate than less inclusive housing. Without provincial and/or federal government housing programs and policies, new co-ops based on this model, cannot be created. There is no alternative: Government must come forward with funding.

Understandably, such co-ops may not deliver savings to each ministry or level of government that would be asked to contribute. However, government needs to take a more global, cross-departmental cost approach when assessing the value of inclusive communities. Housing costs may be greater, but healthcare-costs may be reduced, sometimes considerably so.

Leadership is needed from government, as well as within the co-op housing sector, to advocate for collaboration at all levels and for some flexibility in the application of program guidelines and benchmarks. At the local level, municipal politicians and city planners must be persuaded to support integrated communities through decisions about land use. Those who take a longer view will see that fostering sustainable communities implies planning for mixed-income housing in desirable neighbourhoods.

Leadership

Each of these six co-operatives relied on a leadership of a core group or individual of special character. These leaders were practical, hard-working, patient, inventive, consistent, and if not members of the special needs group themselves, closely connected with it and supportive of its needs and priorities. They were successful to the extent, that they:

- developed a vision for the co-op;
- presented it effectively to politicians and government officials at various levels;
- modified the vision when necessary, without excessively compromising it;
- drew support from the local community;
- contributed their ideas to the building design, the management systems and the membership process.

They planned ahead in creating operational structures that would protect the co-op's special character as far as possible into the future.

Agency Support

Five of the six co-operatives have agreements with an agency that serves members of their special needs group. Sometimes the agency may deliver only minimal services such as referrals. However, in most cases, a high level of collaboration, such as that enjoyed by Beauséjour and Humberview with relevant agencies, is probably a prerequisite for co-ops that want to house people with special needs.

Management Costs and Compromises

The co-ops, which house far more than minimum program standards require, are more expensive to maintain than less mixed communities, although much less costly than institutional settings. Both Humberview and Stanley Noble Strong have found that wheelchairs take their toll on the building's fabric. Also occupant-specific adaptations in a vacant apartment may not be appropriate to the next person with physical disabilities seeking housing. Supposedly universal units in Stanley Noble Strong, for instance, may in fact have to be modified with every move.

More than most, these co-ops are often faced with difficult management decisions. Time after time they must choose among increased vacancy loss or retrofitting costs, offering a modified unit to an able-bodied household, and allowing someone who needs the modifications in a vacant unit to "jump the waiting list".

Business/Community Tension

One of the most significant challenges facing any housing co-op is the tension between operating on a business-like basis and serving the human interests of the community. It can be argued that co-ops do not benefit either from sacrificing their social mission for economic gain or from compromising economic integrity for the sake of the community. Instead, successful co-ops recognize that social values must be underpinned by sound business practices if they are to be sustained. This is not always an easy balance to strike.

The business/community tension can be especially marked in a co-operative, that includes a high degree of special needs integration. During its marketing period, Humberview in particular, was faced with several decisions that demanded a careful balancing of values. Local opposition to the co-operative resulted in relatively few rental subsidies for the members. Marketing modest apartments during Ontario's so-called jobless recovery in a neighbourhood of attractive, cheaper condominium units, the board made two business decisions:

- Not to reserve its subsidy for spaces for people with special needs, but to assign them on a first-come-first-served basis to qualified applicants;
- Not to reserve its best units for wheelchair users, but to rent them on a first-come-first-served basis to applicants able to pay market rents.

These two decisions had several negative and positive effects. On the one hand, the board cannot ignore a difficult business climate. Yet, on the other, a co-op wants to remain true to its original vision - in this case, one of integrating people with disabilities and other members. Only the co-op can decide how to balance business issues, community issues and the interests of different member groups. This requires a careful and dedicated management.

Public Policy Implications

Creating integrated housing communities is not a universally available alternative to institutional living for people with disabilities. The preferences and

capabilities of the individual will always be a determining factor, even where the resources are available to make the choice possible. But many would argue that in a progressive society, community living, supported as necessary, offers the chance of a richer life than is available in the relative isolation of a facility. In this regard, housing co-ops, as distinct from other forms of rental housing tenure, are uniquely advantaged. Not only do co-operatives house those with special needs in a community setting, but they do so in a manner that permits a high degree of democratic control over the nature of that community and how it is managed. The corollary, of course, is the requirement that members are willing to accept the responsibilities of membership. Where that is the case, housing co-ops offer policy alternatives for government and community groups alike that wish to provide non-traditional options for special needs housing that enhances the quality of life.

As we have noted in Humberview, there are potential cost benefits from this approach as well. Increases in the costs of housing and community health support services can be more than offset by the reductions in institutional care costs. The scope of this report does not extend to a cost benefit analysis of these alternatives. The following recommendations are made:

- that the federal government, through Health Canada and Canada Mortgage and Housing Corporation, look into the unique opportunities, the housing co-op form of tenure can offer in the housing of Canadians with special needs in a community setting;
- that these agencies undertake a cost benefit analysis of this form of special needs housing compared with the corresponding costs of institutionalised care.

Conclusion

All across Canada the co-op housing movement has demonstrated its principled commitment to inclusiveness. Some housing co-operatives have significant numbers of members who were once political refugees. In others, meeting agendas and minutes are translated into as many as a dozen languages. Co-ops have been the first of recognizing the housing needs of people with Aids/HIV by designating units especially for them.

Not only does our sector include housing co-ops for seniors and near-seniors, but also many co-ops allow their elderly members to age in place. Since the mid 1990s, in response to requests, the coop-housing movement in Canada has involved itself in senior's housing issues.

Where government grants and communities based groups exist, housing co-ops across the country have used them effectively to help members with disabilities. Some co-ops work in partnership with homecare-providers to offer amenities that surpass those of an extended care facility and many co-ops have made use of a rehabilitation program that pays for wheelchair ramps and other features that improve access for disabled people.

Some co-operatives have demonstrated even a broader vision. They have tried not only to integrate people with special needs into their membership, but to ensure that the co-op's members are fully integrated into the socio-economic fabric of the broader community. By understanding and adequately satisfying people's needs through community development, the inclusive spirit of co-operation can enrich the society.

Each of these co-operatives is unique. But these six case studies will suggest ways for others to emulate them in their inclusive practice of mutual self-help – first of all by advocating for the continuation or reinstatement of the non-profit housing programs that made these integrated co-ops possible.

For the present publication on “Housing Co-operatives for Persons with Special Needs”, the report on the Canadian experience contains a wealth of information:

There are potential cost benefits from the “Inclusiveness in Action” and “Ageing in Place” approaches: Increases in the cost of housing can be more than offset by the reductions in institutional care costs. This aspect needs to be studied in more detail.

While on the one hand it is important to use special residential rehabilitation programs that pay for instance for wheelchair ramps and other facilities that approve access for disabled people (e.g. of the Canada Mortgage and Housing Corporation), a broader vision is need. The task of housing co-operatives is not only to integrate people with special needs into their membership, but to ensure that the co-operative's members are fully integrated in the broader community by understanding and equally satisfying people's needs through community development. In a general way, the report identifies certain **conditions which have to be met** for the creation of inclusive communities:

- Financial support from government is essential.
- There is need for leaders who have a vision of what an inclusive community means.
- Leaders of the co-operative society have to be supportive of the goals of its members.

Additional requirements:

- An agreement with an agency that serves the special-needs group, which helps to make integration a reality,
- Inclusive co-operatives must accept that there will be additional challenges and must be ready to make compromises (in choosing the site, finalising the building design, managing the tensions between the co-operative as a business and as a community).

The principal objective of co-operative housing practicing inclusiveness in action is to bring the values of inclusiveness and mutual self-help to community living. To use available government support to create mixed communities that would integrate people from different income levels and to ensure a place for those to whom most housing is literally inaccessible: people in wheelchairs. Integrate

groups that many landlords do not wish to house, unless required by law (e.g. the mandatory component of units designed for people in wheelchairs under the Canadian official housing policy, according to which at least 5 percent of units must be accessible).

Today, about 3,000 units in co-operative housing across Canada are officially designated as accessible to those who cannot easily live independently in an unadapted unit, i.e. about 3 percent of the total number of units in Canadian housing co-operatives.

The report highlights the common features of the six cases investigated:

- They are not intended only for households with special needs.
- They have actively integrated individuals or families with special needs and the more typical membership of their communities.
- They adapt their operations to accommodate members with special needs.
- They plan to serve the special needs of their members as far into the future as can be foreseen.
- They are willing to share their stories.

As a **follow-up** of the study, two courses for future action are recommended:

- Investigate the benefit of integrated co-operative housing and
- do a cost/benefit analysis of institutional care and integrative co-operative housing.

For further information please contact:

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Experience of Estonia

Three Organisations portrayed

Estonia offers interesting examples of development and activities of organisations at national level representing the interests of and working for disabled persons in three crucial areas: Advocacy, funding and education.

(a) Estonian Chamber of Disabled People

The Estonian Chamber of Disabled People is a non-profit non-governmental organisation serving as an umbrella organisation for unions, local boards and other bodies.

In 2001, its affiliates were 30 NGOs dealing with disabled persons, representing 103 member organisations with a total of 17,000 individual members and 16 local boards of disabled persons representing 140 member organisations with 13,000 individual members.

The goal of the Estonian Chamber of Disabled People is to develop a time-table for the implementation of UN standards in favour of the handicapped during the coming ten years.

Its tasks are as follows:

- To act as co-ordinator and advocacy group to represent the interest of disabled persons, to co-operate with government and to influence public opinion,
- to participate in policy-making processes,
- to initiate and implement legislative measures concerning human rights,
- to support social integration and employment,
- to draw attention to and find solutions for disabled persons' health care problems,
- to support the collection of information and data, and
- to monitor implementation of UN standards.

Projects of the Estonian Chamber of Disabled People are to publish a quarterly magazine "Sinuga" ("with you"), to organise an Estonian Disabled People Culture Festival and an Estonian Disabled Children Art Camp.

(b) The Estonian Disabled Peoples' Fund

The Estonian Disabled Peoples' Fund is governed by a council of seven members of which 3 are proposed by the Ministry of Social Affairs and four by the Estonian Chamber of Disabled People. Administration of the fund is provided by the Hazard Tax Council (1.5 staff positions) while the council members work on a voluntary basis without compensation. The Fund works in close collaboration

with the Ministry of Social Affairs and the Inter-Ministerial Commission on Disability Issues.

(c) Rehabilitation Technology Centre at Tallinn University

The centre was initiated by the chairman of the Estonian Union of Disability Organisations (EUDO), Mihkel Aitsan, in 1989, starting with a Disability Registry for data collection. In 1991, the Ministry of Social Affairs took over the Disability Registry from EUDO, however, without continuing its work.

In 1993 the first one-week IT courses for people with disabilities were organised in the Tallinn Technical University by EUDO and others.

In 1994, after much controversy, the Astangu Rehabilitation and Training Centre was opened as a vocational training facility.

In 1996, a three-man team launched "Apollos", the first Internet server dedicated for people with disabilities in Estonia using the LINUX system. At first, the team was informally allowed to use the designation "Rehabilitation Technology Laboratory" but was denied formal recognition, due to lack of paper qualification of its organisers (a degree) and secured funding.

In 1997, the first IT lexicon for special educators was published without public funding on a self-help basis.

After one of the original team members received his Ph. D. degree, it became finally possible to apply for official recognition. In 2000 the unit was officially recognised by the University of Tallinn as the Rehabilitation Technology Centre.

Up until now the major achievements of this initiative are:

- Publication of three books and numerous articles,
- participation and presentation in more than 10 international or national level conferences,
- installation of the RTC Internet server Apollos, serving a great share of Estonian peoples with disabilities and disability organisations,
- organisation and supervision of the connection of several disability organisations to the Internet,
- maintenance of the European www site of Rehabilitation International, one of the major rehabilitation organisations of the world, as well as of the International Committee on Technology and Accessibility (ICTA), one of its commissions,

Extensive experience was gained in carrying out IT training for people with disabilities. Furthermore, the centre served as a practice site for students of Astangu Rehabilitation and Training Centre,

The centre also acted as assistive technology counsellor to many special and mainstream education facilities (schools, Astangu centre, social centres), the Tiger Leap Foundation and others.

List of major publications:

Kikkas, K. (Ed.): Reaching Higher Education – Ideas and Views on Internet-based Higher Education for People with Severe Mobility Impairment in Estonia, Proceedings of the DETECH 2001 Conference, Maribor 2001.

Kikkas, K. (Ed): *Struck between Communism and Capitalism – the price of quick transition for Estonian people with disabilities.* Proceedings of the “Democracy, Diversity and Disability” conference, Canadian Centre for Disability Studies, Winnipeg 2001.

Kikkas, K. (Ed.): The real chance offered by virtual world: people with disabilities, Internet and changing society. Proceedings of the 4th Baltic workshop on creative media, Royal Institute of Technology, Stockholm 2000.

Kikkas, K.: Lifting the Iron Curtain, in Priestley, M. (Ed.): “Disability and the Life Course”, Leeds 2000.

Kikkas, K.: Use of Internet by people with disabilities – an Estonian perspective, ICTA 1999 World Conference, London, conference publications.

Kikkas, K.: Virtual way over real obstacles – people with disabilities, Internet and Estonia, Rehabilitation International, ICTA Conference in Tallinn 1999, conference publications.

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Women Ensemble of the North Estonian Association of blind people in a summer concert 2003

Photo: The Estonian Union of Co-operative Housing Associations



Students of Astangu Rehabilitation Centre Informatics Faculty

Photo: The Estonian Union of Co-operative Housing Associations

Germany

The German experience is illustrated by two cases of housing co-operatives and one research project.

Background:

In Germany the number of senior citizens (persons above the age of 65) is growing. In 2040 it will have reached 14.5 Millions or 20.1 percent, up from 9.4 Millions or 11.5 percent of the total population in 1995. During the same period the age group above 80 will grow from 3.2 Millions or 3.9 percent to 5.3 Millions or 7.5 percent. About 4 percent of the men and women above the age of 65 are living in residences for senior citizens, which offer services according to needs: independent living, living with some help and permanent care. There is a trend to build larger housing estates which offer all three forms. However, until now, most German senior citizens prefer independent living in their habitual surrounding and make use of ambulant services. Many live with family members who are entitled to public support for their services.

(a) The Housing Co-operative “Freie Scholle” (Free Land), Bielefeld

The growing number of senior citizens constitutes a challenge for the German housing enterprises, e.g. the housing co-operative “Freie Scholle” in Bielefeld, Westphalia.

This co-operative society is taking the natural process of an ageing society into consideration, namely that among their 5.000 members the number of the elderly is increasing.

The housing co-operative “Freie Scholle” has a particular origin. It was established in 1911 by the members of a workers’ sports association, who wanted to build a gymnasium. At that time, workers were refused access to public gymnasia because of their socialist orientation, which forced them to do their training in open air under the watchful eyes of the police.

When the gymnasium was completed, the co-operative society turned to erecting affordable and healthy dwellings for workers’ families, equipped with electric light and bathrooms. 80 years later, focus is still on the erection of dwellings and the co-operative approach is still pursued. The only exception was between 1933 and 1945, when the co-operative was oppressed by the regulations of the National socialist regime.

After World War II the co-operative society experienced a period of rapid growth with the peak between 1951 and 1953. In these years more than 1,000 new dwellings were built. And in the following 40 years, many of the co-operative members of that time grew old together.

Today the aim of the business policy of overriding importance is to allow the members of the co-operative building society to live according to the life’s requirements. That means to provide for every stage of life an apartment in

accordance with the corresponding requirements respectively a corresponding living environment within one settlement area. The Freie Scholle realises this aim within the range of apartments as well as within the scope of the modernisation and in their new building projects.

Starting-point was a survey conducted in 1987. It showed that in 46 percent of the households at least one person was 60 years old or older and only 11 percent were young families. This caused the co-operative society, which always had tried to maintain a balanced age structure of its membership group, to build more larger dwellings, in order to attract young families as members. At the same time measures were taken to enable the elderly among the members to lead an independent life even at an old age.

From 1987 the co-operative "Freie Scholle" has placed emphasis on providing large dwellings for families, either by new construction or by combining smaller dwelling units in the course of modernisation programs. If necessary, a lot of these new flats are adjustable to the needs of handicapped persons. The same applies to renovated or newly erected dwellings for senior citizens. The most of the newly built houses and the houses are equipped with elevators, where it makes sense and where the technical preconditions allow it. Furthermore the co-op is two running social neighbourhood centres, and it opened a common room for self organized neighbourhood activities in every housing area.

In order to support their older members, the "Freie Scholle" has started in 1988, as the first federal German building society, to build up their own project for the elderly. The task of the five social workers is

1. to establish the individual need for help of the affected members,
2. to implement necessary reconstruction measures,
3. to organise support and care and
4. to clarify the financing of these services.

Moreover, the Neighbourly Social Welfare Organisation makes an important contribution that old members can stay in their apartments in a self-determined way even in case of illness and infirmity. For this purpose, the Association runs a mobile social service. Their community workers can be called, if necessary, in order to help the old members to get along with their everyday life. Furthermore, the Neighbourly Help Association runs institutions for supported living, as well as it runs a stock for nursing remedies, where the members can test and borrow temporarily without any charges any nursing remedies. The social welfare organisation is supported by nearly 1,600 members. They contribute 1.5 € per month as the minimum contribution to cover overheads.

The housing area of Spindelstraße with about 600 units which was built in the 1950s and is surrounded by attractive and well kept access areas and greens, is currently fully renovated until 2003. The flats are redesigned, the equipment is modernized and balconies are added. In the course of this renovation program the neighbourhood centre of Spindelstraße was formed. Seven small apartments consisting of a bed room, a living room, a kitchen and a bath were turned into a

barrier free zone to which a room for joint meals and a kitchen were added, where once in a week a meal is prepared for the inhabitants. In order to keep these flats free of barriers, an elevator was installed. Moreover there are also two friends' rooms for relatives and friends, which prove to be particularly useful in case an inhabitant falls ill or needs help.

In the neighbouring house there are several large multipurpose rooms in which the inhabitants and their neighbours can hold meetings, organise festivities or use them for games or other pass time.

The social worker of the "Freie Scholle" in charge of the area has his office in the housing area and is available for advice. In the ground floor of the Neighbourhood centre the local social service centre offers the services of a midwife, advice and physical exercise for pregnant women. In another house nearby the centre a nursing care service is available for handicapped older people – not only for the people living in the centre or this estate, but for the whole city of Bielefeld.

The conception of living according to life's requirements in the estate "Spindelstraße" was completed by the new house building with 41 dwellings free of barriers and three dwellings suiting to the needs of families. This building replaces a house built in the middle of the Fifties. It was decided to demolish and rebuilt it, because the renovation according to the standards of modernisation, which are constituted in a check-list, was not possible in an economic way.

All in all the structure of dwellings in this estate has completely changed. So the stock of small two- and three-room-flats was reduced from 502 to 213. At the same time the number of family suiting flats increased from 74 up to 245. Furthermore in total 48 flats free of barriers were new created.

With its business policy the co-operative "Freie Scholle" fulfils its self-defined task to keep such members who need help - like the elderly - as long as possible in their normal dwellings, where they can be looked after by their friends, relatives and local service providers.

Being a co-operative society, there is also another level of support services and care. About 90 percent of the houses of the co-op have their own spokesman/-woman, who presents the members' views and sees to it that the interests of the community are respected. If it is necessary, these spokespersons remain in constant contact with the elderly tenants and keep the co-operative society as well as the social service providers informed of their changing needs. In this way they make an important contribution to living according to the life' requirements in The "Freie Scholle".

Source: Randall, Bill, CECODHAS: Sozialer Wohnungsbau für ältere Menschen, Beispielhafte Lösungen aus der EU, o.O., 1999, pp. 13 f. updated and completed: 2003 by Freie Scholle.

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The building complex of the housing co-operative “ Freie Scholle”
Photo: Freie Scholle Bielefeld



Thanks to excellent services elderly feel at home in Bielefeld
Photo: Freie Scholle Bielefeld

(b) Familiar Housing for the Elderly, a project of Altonaer Spar- und Bauverein eG (Savings and Construction Association, Co-operative Society Ltd.), Hamburg

by Holger Kowalski, Board Member

The “Service and Housing Project” and “Familiar Housing”

The housing co-operative has 7,600 units and 12,500 members. 104 employees are working for them.

Introduction

At the beginning of the 1990s the first survey of member satisfaction was conducted. This survey confirmed important parts of our concepts and planning, showed a very positive assessment of our services and staff and demonstrated great confidence of the members in their co-operative.

One example is the co-determination in the rehabilitation measures but especially the members’ desire for more communication as well as partnership within the co-operative society with regard to social problems and daily preoccupations.

The survey became the basis for the long-term philosophy of the co-operative society as well as for long-term goal-setting for the development of the co-operative during the next 10 years.

Social management is indispensable

One part of society is becoming richer and richer while the other part is becoming poorer and poorer. This can also be observed in the co-operative’s savings institution. Unemployment is raising and young unemployed persons have no perspectives for their future. Household incomes are decreasing, widows often receive very low pensions, purchasing power is decreasing as well. This can also be observed in demand for renting favourable dwellings.

Residents become more and more demanding and ask for more services. On the other hand, due to economic difficulties, there is more frustration and aggression.

Security measures are eroding. There is an increase of vandalism and crime.

The financial burden of the state and of the state budget is becoming increasingly heavy. The possibilities for public subsidies are weakened. In the field of social assistance, a cut-back can already be noticed. This means that the existing deficit has to be covered by private initiative while readiness for honorary engagement and voluntary work are decreasing.

The population and the members of the co-operative society are growing older. Life expectancy is going up. Based on the survey regarding the age structure of members, 35 percent are older than 50 years. But in some housing areas, even more than 50 percent are older than 50 years.

A large part of the elderly has a good income in comparison to the widows. They want to live in their dwellings as long as they can. Therefore, they need an offer between a normal dwelling and a senior's home. Frequently they continue to use large and favourable dwellings, which are not available for young families.

Leisure time is increasing. There is more time for activities. But there is also more need for opportunities to undertake activities inside and outside the dwelling.

This is why social management is necessary. The combination of social services and employment generation measures could be a possibility for solving these problems.

In order to offer members to remain in their dwelling as long as possible and to prevent the settlement from becoming a socially difficult neighbourhood, the co-operative society wants to meet the members' desire for more communication and advice in social affairs and daily preoccupations.

Therefore, the project "**Service and Housing**" started in early 1996.

First of all the co-operative society wanted to strengthen the community of members in the neighbourhood and to initiate and promote activities which work against isolation of individual members and the exclusion of groups. It was intended to promote assistance for senior members and mutual aid in neighbourhoods and those people in need of care and social assistance were to be supported.

The first target group in the co-operative society are the elderly. Work has started in a settlement of 1,200 dwelling units.

A complex service program is offered to the elderly, enabling them to lead an independent life in the neighbourhood with which they are familiar. If a member is no longer able to run his/her own household adequate services are offered from A to Z:

- Accompanying them when doing errands or visiting public authorities,
- Advice,
- Emergency phone calls,
- Food and meals,
- Hairdresser,
- Home care
- Housekeeping and cleaning
- Laundry,
- Looking after flowers and pets,
- Shopping,
- Supplies,
- Transport.

All services are offered on behalf of the “Altonaer Spar- und Bauverein” (Housing co-operative of Hamburg-Altona with a savings institution), which is also monitoring the quality of services.

There is no staff of the co-operative society to carry out these tasks, but a co-operation with a welfare organisation called AWO (workers’ welfare organisation). All services are rendered on the basis of an agreement with AWO, which sends its bills to the co-operative society, in accordance with the provisions of the relevant law concerning care of the elderly.

In other cases funding is done by health or care insurance, in some cases by public authorities. The members are advised individually about their entitlement.

Association “Familiar Housing”

The support association “Living in a familiar environment” (Förderverein “Vertrautes Wohnen” Wohn- und Betreuungsdienste des Altonaer Spar- und Bauvereins e.V.) was also established in 1996. In the concept of care of this association, **neighbourhood meeting points** are an important instrument. These meeting points are places where small groups meet during leisure time for any kind of activity. The size of the groups should be such that members can easily become acquainted with one another. Generally there is a group leader. The co-ordination is done by the representative of the co-operative society in charge of this area.

The program of activities is funded by

- contributions of the co-operative society (rooms and facilities offered free of charge),
- contributions by the participants and
- grants by a support association “**Familiar Housing**”, i.e. dwelling in a familiar environment created especially for promoting such activities.

It was felt necessary to establish the association “Familiar Housing”, because the co-operative society could not take charge of financing the entire social activities and would give members and non-members the opportunity to support such social activities by financial contributions and donations.

There is a close liaison with the co-operative society because to be eligible to serve as the chair of the association, the person has to be a board member of the co-operative society. A further board member of the association should be a member of the supervisory committee of the co-operative society.

At present, the co-operative society is offering support services and care for 6,300 dwelling units. There are plans to extend services to

- care for children and young persons,
- care for the unemployed and
- integration of persons belonging to ethnic minorities.

The slogan of the co-operative is “Thanks to the co-operative, nobody remains isolated”. The leaders of this co-operative society feel that success can be achieved by combining economic thinking and acting with social responsibility.

For further information please contact:

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Slogan of the Co-operative: „We are here for you“
Photo: Altonaer Spar- und Bauverein eG



Meeting point for generation mix
Photo: Altonaer Spar- und Bauverein eG

(c) **Sophia Project**

Social personal care helping the aged

A research project of the Technical High School of Nuremberg developing technical aids for access to services.

This project is designed to offer solutions for meeting the needs of the aged by providing **technical aids for access to services** as well as easy to use communication equipment and to find an answer to problems resulting from

- changing family structures,
- demographic development,
- trend towards individualisation,
- rapid development of the health system,
- technological revolution and,
- human right to equal treatment.

The **different components** of the project are:

- Aids for dwelling with home care,
- virtual home for the elderly,
- smart homes.

Some of the findings of the project interesting for the present publication are the following:

When selecting the components for the system, it has to be taken into consideration that all elderly persons do not necessarily master today's information and communication technologies. This means on the one hand that technical solutions have to be

- suited for the aged,
- self-explanatory and
- robust.

Another aspect is important for the sustainability of the system:

The different parts of the system have to correspond to general standards. This allows further development of the system at affordable cost and without becoming dependent on one single producer.

On the other hand, the producer of the system or the providers of components have to dispose of a sufficiently large distribution network, in order to allow use of the system throughout Germany or Europe. Issues of licensing have to be clarified already when selecting the system.

Technological solution

Mainly components are used as Set-Top-Box, which were developed for entertainment electronics (e.g. computer games on television) or by security technology (surveillance cameras).

By developing inexpensive pc based 'Webcams' for conveying pictures by internet (e.g. for tele-conferences), robust and affordable solutions are available.

The components are on the market. The problem lies in the right selection and optimal composition.

Other important criteria are:

- Long-term availability of the product,
- it must be easy to handle, even by persons who are not used to such technology and
- long-term reliability.

The system consists of the following components:

At user level:

- A mobile unit for the person requiring care,
- a set-top-box for connection with the television set,
- a camera for visual contacts and
- an entry to the public communication system.

At care unit level:

- Service and surveillance equipment at the service centre,
- a data bank for saving person-related information,
- entry to communication system with external service providers.

The four technical modules of the system are:

- User-oriented equipment for the person requiring care,
- technical equipment in the dwelling of the person requiring care,
- equipment of the service centre and
- uniform communication standard for all partners concerned.

General situation

Demographic development in Germany

In 2030 every fourth German citizen will have passed the age of 65. Most older persons live in single or two persons households, with increasing age in single households. There is a growing demand for services in different forms. There is also a growing number of old persons suffering from dementia.

Social and medical development

Social and medical development is not only affecting the social security systems and their funding, but also and increasingly the housing industry. The goal is to keep old persons as long as possible in their own homes, helping them with services and technical equipment in their neighbourhood.

First phase of the project

Provide technical equipment for 50 single households with different needs combined with services around the clock. The experience made will be used for scientific evaluation and as a basis for developing criteria for a special housing concept.

The idea is to use visual communication with a service centre, which passes on the requests for help to the relevant co-operation partners representing the respective aid module.

Six aid modules:

Health module in form of a health centre linked with a neurological clinic with access to psychologists.

The types of services are:

- Inform medical personnel and call for a visit,
- Inform medical emergency services
- Call the ambulance
- Establish contact with religious service
- Inform the service centre.

Housekeeping module with one or several service providers for e.g. meals on wheels, laundry, cleaning, transport.

House technology module to be contacted for instance in case of power failure, problems with the heating system or for routine services.

Housing module to provide advice on adjustment of dwellings, equipment and technologies.

Care module for services when returning to the own flat after hospitalisation, ambulant health care services, help in dealing with the authorities and insurance, help in contacts with service providers.

Religious services module for establishing tele-communication with representatives of religious institutions and arrangement of visits.

The idea of establishing a “**virtual**” home for old persons combined with a **smart home**, making use of experience gained in this regard in other European countries like Norway, Finland, the Netherlands and the United Kingdom.

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Ireland

Irish experience with housing services for people with disabilities

In Ireland, the housing system is characterised by a high degree of owner-occupation. This has been a product of Government policy to encourage home ownership as the preferred tenure. The process has been a gradual but incremental one where in 1922 owner occupation figured at less than 10 percent now it accounts for about 81 percent of all housing tenures.

Of the 20 percent rental dwellings in the housing system, 10 percent are in the social housing sector. The provision of social housing has traditionally been within the remit of the local authorities. Complementary to this however, a voluntary housing sector has emerged which provides housing for low-income families, elderly, people with disabilities and homeless people. This housing provision is generally seen as a voluntary local response to a social need, which focuses on both the housing need and importantly other vital services.

Since the economy has grown it has impacted on house prices with the effect of making home ownership less and less attainable for many. The numbers of people on waiting lists for social housing has risen accordingly as many people cannot access secure, affordable rental accommodation. Therefore, the system at present is characterised by problems of access to adequate and affordable housing.

In a market where accommodation options are reliant on private housing those who are on low incomes and are elderly or have disabilities are vulnerable in this system. There are numbers of people in long stay psychiatric hospitals and county homes who are there due to a lack of other suitable accommodation. Their accommodation needs would be better served by a supported housing model rather than institutionalisation and forced dependency.

The government has up-scaled efforts to increase housing supply by local authorities and the voluntary housing sector in an effort to meet the increasing numbers of people who are elderly, have disabilities or on low income in need of housing. In 2002 a national housing needs assessment was undertaken and this is expected to reveal increased numbers of people with disabilities and elderly people in need of social housing services.

According to the Irish Council for Social Housing output by the voluntary and co-operative housing sector will continue to grow and the sector will be an important provider of housing services for elderly and people with disabilities.

This growth in supply will be required as the demographic profile of Ireland changes. It is estimated that the population over the age of 65 will grow by almost 107,771 up to 2011, 14.1 percent of the population and the percentage of elderly who will be aged over 80 will rise by 3 percent by 2011. The demand for

housing for people with disabilities is also growing with a need for further development of supported and lifetime adaptable housing.

Housing services for people with disabilities

A new supported housing development designed for people with disabilities is located at St. John's Hill, Waterford in the South East of Ireland. It is an initiative of The Cheshire Foundation in Ireland, a non-profit provider of accommodation, respite and support services to people with disabilities in Ireland since the early 1960's. The Cheshire Foundation owes its origins to Leonard Cheshire who, after the Second World War, devoted his life to the development of services for people with physical disabilities. His aim was that services would respect and respond to each individual person and that Cheshire accommodation would be distinguished by an enabling outlook and a lack of institutional character.

The new Waterford development provides 22 housing units in two distinct blocks. Each unit has a living room, bedroom and en-suite bathroom. A number of the homes have two bedrooms to allow for accommodation for either a carer, personal assistant, friend or relative. Of the 22 units, six will be used as a dedicated respite centre and two units will be used for staff accommodation. The centre has communal facilities consisting of dining room, internet café, meeting rooms and office space. The centre's design and development has been progressed in partnership with local groups representing people with disabilities. In operation, the centre will be integrated with local community services and will provide facilities which can be accessed by the broader community. This partnership approach has made possible such achievements as the provision by the local public transport company of 2 low-floor buses on the route which passes the Centre.

Underpinning the ethos of Cheshire supported housing in Waterford and elsewhere, is a model of service provision which aims to facilitate people to live as independently as possible and with maximum individual choice. Support from Cheshire staff is available as required by each individual using the service. Cheshire aspires to facilitate people to live a life of their own choosing rather than prescribing programmes or activities. This model of service provision is a challenging one but one which Cheshire believes can be made to work given the commitment and belief of all involved in its services.

The Cheshire Foundation provides over 300 units of supported accommodation in 15 centres across Ireland to adults with physical disabilities. The Foundation is the principal provider of respite services to people with significant support needs and, in addition, also provides a community outreach service to people living in their own homes. Over 400 staff are employed, the majority in personal support roles which provide support to service users on a 24 hour per day, 365 day per year basis. Services are funded largely from State funds with revenue funding coming from the national health budget and capital funding coming mainly through capital assistance schemes available to support voluntary housing providers.

There is a considerable unmet need for supported accommodation for people with disabilities. To help meet this need, Cheshire has, in partnership with regional Health Boards, several other developments in progress. One of these is in Tullamore, Co. Offaly where six units of supported housing, designed on lifetime adaptable model, are being developed. The objective here, as with all new Cheshire developments, is to provide high quality accommodation in a location where people will have access to local community services. In addition, Cheshire is working with Dublin City Council to provide several units of housing within a large, mainstream, social and affordable housing development.

For further information please contact:

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A different architecture – projects of Cheshire foundation in 15 centres across Ireland

Photos: Cheshire Foundation, Ireland



Italy

In the following, a survey is given of the Italian experience with housing for senior citizens and with integration of handicapped persons into working life, first by summarising the housing policies of the Italian Government in this field, illustrated by a short report on a housing project for elderly and disabled persons in the Lazio region and second presenting several workers co-operatives for social solidarity in Northern Italy, a new type of co-operative society specially designed for the integration of disabled persons.

(a) Housing Policies for the Elderly in Italy

In Italy there is a newly defined housing policy for the elderly. In 2001 the bill n. 21, which, among other things, is about the development of a program regarding the experimental housing for the realization of "dwellings for the elderly", was passed in Italy.

In this bill an allocation of € 1,601,016.38 was scheduled, which corresponds to the money foreseen by the limits fixed by the fifteen-year programs for the public residential housing to users over sixty five, found by the municipality, even by means of special notices of competition, and taking into consideration their possession of the necessary requirements for the assignment of E.R.P. dwellings².

Not more than 20 percent of the above-mentioned funds are reserved to the building of dwellings for over sixty five users with incomes foreseen by the subsidized housing³.

In this case, the rent cannot be more than 80 percent of the "agreed" rent, according to art. 2 comma 3, Law 431/1998.

The maximum surface of the dwellings is 45 square metres, according to art. 16 of the Law 457/1978. The surfaces of the common rooms (common living-rooms, reading and recreation rooms, and so on) are part of the usable surface (Su)⁴, which has to be distributed between the dwellings through percentage shares. About the Non Residential Surface (Snr)⁵, the limit of 45 percent of the usable surface, which refers to the whole house complex, can be increased to 60 percent, considering the rooms and support services linked to the residence (laundries, workshops, gymnasiums, and so on).

The notice of competition implies that the promoters are: municipalities, ATER (public institutions for council houses), building firms, and housing associations with their unions, as well as those companies constituted by them. In case of

² E.R.P.: "Edilizia Residenziale Pubblica", in English "Public Residential Housing" (Housing built with the financial support of the State, Region or Municipality).

³ The housing that benefits from public subsidies.

⁴ Su: "Superficie Utile", in English "Usable Surface".

⁵ Snr: "Superficie Non Residenziale", in English "Non Residential Surface".

recourse to bank resources, proposals have to be supported by a financial plan signed by the bank.

With regard to the housing associations and their unions, the following requirements are necessary for admission to the competition:

- Enrolment at the “Albo Nazionale” (the National Register) at the date of the notice publication, according to art. 13, Law 59/1992;
- The last budget has to be balanced or in credit;
- They may not be under administration by an external commissioner, or in a similar situation.

About the location of the interventions and method of the submission of the applications, we emphasize that:

○ The interventions have to be located in central urban areas, or, in any case, in areas mainly destined to close-packed buildings⁶. It is also possible to use vacant sites or areas within already existing and established social housing settlements. The interventions can be both new buildings or restorations.

○ In order to obtain the financial support, the parties concerned will forward the request to the competent municipality, and this will submit the application to the Region within 240 days from the notice publication, by giving a contextual communication to the Ministry of Infrastructures and Transport. The municipality will check the proposals and certify, with his own decision, the congruousness compared to the goals, and the consistency with the urban-administrative rules.

The application has to be completed with:

- a descriptive report of the elements characterizing the intervention, the method of realization, the individualisation of those who realize the changes with regard to residential and non residential works, and the total cost of the intervention itself;
- a program of assistance and social support for the resident elderly, which can also be extended to the elderly of the district, and which has to be signed by those people who look after the elderly (public, private, third sector and voluntary services);
- a preliminary plan of the works that needs to be financed;
- an experimental program with the calculation of extra costs;
- an economic plan, and, with regard to the rental dwellings to users over sixty five with incomes foreseen by the subsidized housing, the size of the yearly rent of the dwellings themselves;
- the amount of the required financial support;
- the municipality decision to adhere to the program;

⁶ Such as blocks of flats, terraced houses, and so on.

- the nomination of the person in charge of the experimental program.
 - During the following 60 days Regions have to forward to the Ministry of Infrastructures not more than 10 applications, together with a possible financial obligation for each application, undertaken with its own resources. Not more than 40% of these applications have to be submitted by building firms and housing associations with their unions.
 - During the following 45 days the special Commission nominated will deal with the check of the proposals, by selecting those that can be financed, and thus finally choosing the proponents with whom to undersign the preliminary agreements.
 - From the signature of the preliminary agreement, the proponent has 180 days – penalty the loss of the financial support – to draw up and forward the executive project approved by the competent municipality to the Ministry.
 - The proposal for the intervention can be financed to 90 percent of the total cost, calculated on the basis of the cost limits in force in each Region for the residential housing and additional experimental costs, for a maximum state contribution that does not have to be more than € 3,098,741.39, in case of dwellings with an E.R.P. rent.
 - In case of dwellings with a rent that is not more than 80 percent of the “agreed” rent, according to art. 2, subsection 3, Law 4311/1998, the financial support cannot be more than 45 percent of the total cost, as previously calculated, for a total maximum amount of grant-in-aid that is not more than € 1,549,370.69. It is necessary to specify that the grant-in-aid also includes the additional experimental costs, which, for every financed activity, can reach an amount of money that cannot be more than 12 million € per dwelling.
 - The board of general directors relating to the Ministry of Infrastructures and Home Affairs will approve a technical set of rules containing features and performance levels of the dwellings, together with modes and kinds of organization for the experimental program.
-

(b) Examples of Housing Projects for the Elderly implemented with Financial Support in Lazio Region

According to art. 4 of the Law 179, dated February 17th 1992, which lets Regions – within the available funds – to set aside a part, which cannot be more than 15 percent of the funding of the subsidized and direct state provided housing, for the realization of interventions destined to the solution of the housing problems of special social categories, the Lazio Region has arranged a relevant competition for the financial support of programs regarding the construction of housing for the elderly. The housing Association “Atilia”, working with the Vesta Union in Rome, was chosen as one of those that can benefit from the financial support.

The Atilia Association intervention, which is in course of realization, is located in Rome, into the Plan of the “Pisana-Vignaccia Area”. According to the project there will be built houses for the elderly, made of small and medium-sized dwellings, distributed on five floors, with a common landing, served by two groups of stairways/lifts, and with the ground-floor partially destined to common spaces, strictly subordinate to the upper building.

The choice of the landing typology permits a better use of the common spaces, socialization opportunities, together with the guarantee of using at least one lift in case the other breaks down.

The back areas permit additional opportunities of participation and integration.

All the spaces, inside and outside the dwellings, are completely accessible to people with restricted mobility or sensorial capacity. Similarly, the external passageways will be realized with technical criteria to remove every possible architectural barrier. The double view of the dwellings on opposite facades – as everybody knows – permits a good natural ventilation inside.

(c) Social Co-operatives in Italy

In Italy, social co-operatives are defined in art. 1, subsection 1 of Law N° 381 of 8 November 1991 as follows:

“Social co-operatives aim at serving the general interest of society in promoting human beings and in the social integration of citizens by

- (a) offering socio-medical and educational services,
- (b) carrying out different activities – in the agricultural, industrial, handicraft and service sectors – aiming at integrating disadvantaged persons into working life.”

Services for Disabled

Here are some statements of persons directly involved in these projects:

An Interview with the members of the Supervisory Board of the Co-operative CASA (House):

“Disabled people want to live and work just as “normal” people”. In principle they are not really disabled, but only differently abled. We should accept them and develop a positive social attitude towards them” this is the opinion of Giorgio Ballarin , founding member and former Chairman of the Board of the co-operative CASA. He is a socially committed and co-operatively convinced personality.

The residents of the co-op are independent people coming from a housing community or having difficulties to find a suitable housing unit. Without the help of the co-operative these people would pass the nights in the streets. The co-operative offers housing and work. From the salary the rent can be paid.

Gabriella Stolzechner is working in the social co-op “JugendInfoGiovani”:

“I am very happy in my apartment in a quiet surrounding. I always wanted to live independently. And I was very lucky with CASA. I feel very fine, as the assistants keep my liberty, but are present, in case I need them. For thirty years I had been living in a separated settlement for disabled. That was a terrible experience. Then I lived in a housing community for four years, where I learned quite a lot. I learned to live more independently. Many people showed me the way and then I took the chance. It is extremely difficult to find a job and when you finally got one, then your rights are not respected being treated as a able-bodied person. But you never protest, as you are lucky having a job. I enjoy very much working here as a secretary. As long as I have my apartment and my job, I am the happiest person on earth.

I would wish, that all separated settlements for handicapped are closed and that parents should think twice, before they take their children into a shelter for handicapped. Most of the handicapped try to get out of these homes. We need less segregation and more communities of housing, where people are treated in a more human way and being assisted by engaged social workers – just as the co-op CASA.”

Roberto Comina, Director of the co-op CLA (Cooperativa Lavoratori Associati) speaks about his co-op:

“CLA was the first co-operative, where handicapped could work. This co-op was founded in 1976 in order to integrate people with physical and mental disabilities into work. Today we are the biggest producer of ring binders and we also offer other articles. In the market we present ourselves as a “normal” company, as we do not want to raise pity”

Rosanna Bertozzi is responsible for the administration of CLAB, another social co-operative:

“Our social co-operative is already existing for 22 years. Special fields of activity we left to new co-ops, which we founded like “Senior” and “MensaClab”. Today we have a graphic studio, a bookbindery and a workshop for handbags. In our co-op there are physically and mentally handicapped people working, being assisted by social workers. Some are working for many years here. I enjoy working here. We are really a big family.”

The Social Co-operative “Independent living” had been founded in 1997 by Enzo dell’Antonio:

“Since 1990 I am in a wheelchair, my legs and arms are paralysed. That is why I am less independent than someone who just cannot walk. I did want to prove, that even people with very hard disabilities can produce high quality products and services.

First of all I worked on a feasibility study, then I contacted various institutes for co-operation. We worked out some by-laws, where our targets are formulated. The co-op is a project for life. Independent living means to pass own decisions and also means education and work. In 1999 we rented our office rooms and the computer-room for the courses, taking 9 months and leading telemetry-use for heavily handicapped people. Thanks to the quality of our courses all participants have a job. Tele-working is a great chance for handicapped people. Working together means social contacts and this is much better than isolation.

We also examine the accessibility of hotels and restaurants for handicapped. A permanent exhibition about technical requirements for buildings and apartments for handicapped people show, what is possible. Legal advice and psychological consultancy are also part of the important services.”

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Woven textiles made by handicapped



Photos: Housing Association Rariti, Italy

The Netherlands

“All-living Concept”

Experience of the Woonzorg Nederland Foundation, Amsterdam, with housing for the elderly

The Dutch experience with housing for people with special needs is illustrated by presenting the work of a foundation operating as a general interest organisation but also showing some features of a co-operative society.

Woonzorg Nederland Foundation is the largest housing association in the Netherlands, specialising in housing for the elderly ranging from sheltered housing to residential care, with residential centres, 180 residential homes and nursing homes for intensive forms of care. Woonzorg Foundation is a decentralised organisation with 5 district offices close to the client. It values continual dialogue and for this purpose has residents' committees (in every complex) and tenants' platforms. Its staff (in 1998) was a total of 471, of which 160 in the central office, 129 in district offices and 182 in housing complexes.

Although not working as a co-operative society, this experience was included in the present publication among other things to point out differences in approach between foundations working **for** the elderly and co-operatives with inbuilt elements of self-help and mutual aid, group solidarity and democratic control, working **with** their elderly members. This summary of the activities of Woonzorg Foundation based on its annual report of 1998, shows some differences between the not-for-profit and the co-operative world, in substance but also in the language used.

The **goal** of Woonzorg Foundation is to offer older people the best combination of housing and care, taking their special needs into consideration:

- Comfortable homes and
- ability to call on a well organised service structure.

What is offered is an **integral package of housing and care services**, allowing a maximum freedom of choice tailored to the individual situation of those concerned.

In times of privatisation of state enterprises, public housing is redefining its targets

- from focus on the lowest income groups towards the needs of specific target groups,
 - from quantity to quality,
 - from public enterprises to privatised housing associations turning into social enterprises operating in many markets,
 - from land lord to provider of housing and care services
-

- from ageing residential homes to modern care centres, through renovation and replacement.

Government's policy is based on the principle that older people should continue to live independently for as long as possible. **Focus is on all older people though with special attention for vulnerable people** who depend on care.

To implement this policy, there is need to co-operate with others and to forge **strong alliances with care-providers and local housing suppliers**.

Client oriented packages require customisation at local level. To achieve this, local strategic alliances are needed, allowing to tie knowledge and experience as a national organisation to the expertise of local organisations in their local markets.

Framework conditions

To improve the framework conditions for implementing the "Housing and Care" approach, the legal framework needs to be adjusted. This means in concrete terms that barriers in the regulation and funding of housing and care have to be eliminated and statutory limitations have to be at least reduced to ensure optimum use of resources. Examples are the Exceptional Medical Expenses Act in force since 2001 and the Tenant-Landlord (Consultation) Act of 1998.

All-living concept

Today's older people are critical consumers, highly aware and desirous to make their own choices. They want to live independently, backed up by support when needed. Therefore, the "all-living concept" was developed, offering a product and a service package.

In large scale projects, an integral approach to neighbourhoods is applied. Residential home places are reduced and replaced by independent homes with an extra homecare package. Units are transformed into larger, more comfortable supported and nursing apartments, equipped with treatment rooms and office space for care providers, working both within and outside the building. Housing complexes for older people are supplied within reach of care centres. Other forms are core apartments and socio-dwellings for mentally disabled people.

Advice, advocacy and links with research

In 1998, a consortium for the continuity of not-for-profit residential homes was formed. New forms for "graduated" repayment of loans or "climbing loans" were developed, providing for repayment of loans on an increasing scale.

Co-operation with the Healthcare and Management Institute of Erasmus University was established, promoting a research on regional co-operation at the interface of housing and care.

For further information please contact:

Woonzorg Foundation, Amsterdam, www.woonzorg.ne

Norway

Housing for the elderly and the handicapped two examples

The Norwegian experience with housing for the elderly and the handicapped is presented in form of two case studies, which give interesting details on the types of dwellings and the kinds of services offered by local housing associations and adjusted to local needs. These cases also show how groups of persons which special needs are increasingly taken into consideration by Norwegian co-operative leaders.

(a) The Example of Middlokken in Tonsberg

The housing co-operative "Middlokken" in the city of Tonsberg was built in 1990 by the local Co-operative Housing Association. The housing co-operative consists of 57 dwellings with two rooms and kitchen, and communal areas. The housing co-operative is only for elderly persons and disabled persons. The municipality allots the dwellings.

A dwellings have a life span standard and the sizes vary from 45.5 m² to 62 m². Most of the dwellings are built for two-person households. The down-payment varies from NOK 240,000 (approx. € 26,827) to 306,000 (approx. € 34,262) and the rent from NOK 3,200 to NOK 3,600 per month (approx. € 358 to 403) including the electricity charges. There is a large demand for these popular dwellings in the local community. For those who can not afford a rent at this level, a state housing allowance system is available for persons living in dwellings with care.

The communal space in this building is an essential supplement to the rather small private units. The availability of communal areas facilitates social activities within the building. This service and recreational centre includes a reception, cafeteria, library, hobby and activities rooms, a small shop for some handicraft articles, a swimming pool and roof terrace, and rooms for a general practitioner, physiotherapist, hairdresser and pedicurist. All the activities are both for the occupiers as well for other elderly in the local community. Approximately 1,000 persons, both residents and inhabitants of the local community, use these services and recreational facilities frequently. Elderly and disabled persons from the local community are to buy a membership card to participate in the activities. Some of the activity rooms are partially hired out to voluntary organisations, for instance the swimming pool is regularly used for baby swimming.

The Co-operative Housing Association in Tonsberg has in its evaluation of this project concluded that if considering a new project, several of the dwellings should have three rooms. As for the communal areas, the housing association would have spent more time on getting information from the residents on needs and wishes. By building dwellings with care, one seeks both to establish a supplement to and a compensation for the institutions and nursing homes. One way of measuring the fulfilment of this goal is to study the numbers of persons

moving out from these 57 dwellings since the opening in 1990 until today. A total of 60 residents have moved out over this period. Of these only three persons decided to move to a nursing home, the rest (57) have died in their own home.

(b) The example of a housing co-operative in Asgardstrand

The second example in this introduction is from the little town of Asgardstrand, near Tonsberg. The local Co-operative Housing Association has built a housing co-operative with six dwellings with care, especially for young handicapped persons. As mentioned in the beginning of this introduction, reforms initiated by the government have focused on moving young handicapped persons out of nursing homes and in to barrier free dwellings.

The initiative to this rather small project was taken by the parents of the five young residents who live at the housing co-operative of "Oderydningen". The residents are either born with a handicap or have been injured in road accidents. The parents did not wish to see their young sons and daughters living in nursing homes together with old people.

Each dwelling area in this housing co-operative project is 60 m² large with a lounge, bedroom, bathroom and kitchen. The down-payment is NOK 190,000 (approx. € 21,274) and the rent is set to NOK 5,000 a month (approx. € 559) including electricity charges. One dwelling is used as communal space for the five residents.

Due to rather severe injuries the residents in this housing co-operative are dependent on technical equipment. This can be electric wheelchairs and other electrical and technical aids like for opening doors or to be lifted from the bed to the bathroom and so on.

There are three points that enable severe handicapped persons to live on their own: The barrier free dwellings built for a life span standard, the availability of adequate technical equipment and third; service and care provided in the home. An important part of being an independent individual with needs of a private life and room for personal integrity, is to possess a home of your own. The dwellings with care have proved to be a successful contribution to the integration of groups of citizens - elderly and handicapped - who traditionally have been excluded from the ordinary housing market.

The co-operative movement in Norway has taken the responsibility to provide adequate dwellings for our members, regardless of age and handicap.

For further Information please contact:

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Quiet Inner Court
surrounded by the building

Seniors in their workshop

Midtløkken Bo- og Servicesenter



Entrance Hall

The pool for therapies

Photos: NBBL, Norway



Different groups of handicapped form a solid community,
Öderydingen, Norway Photo: NBBL Norway



Work facilities for handicapped in Norway
Photo: NBBL Norway

Philippines

Independent Living in the Philippines

The Bigay Buhay (life giving) Multipurpose Co-operative, BBMC,
in Quezon City



**Bigay
Buhay
Multipurpose
Cooperative**

"Independent Living Through Cooperativism!"

Logo BBMC, Manila

The case of the Bigay Buhay Multipurpose Co-operative is the only example in this publication of a co-operative society of the handicapped in a developing country, where the general economic, social and legal framework conditions are much different from those in Europe and North America. This case study shows with impressive clarity how – despite a less favourable environment – co-operatives and in particular co-operatives of the handicapped can be successful, if a vision, strong leadership and support from NGOs and government organisations come together.

Introduction

Persons with disabilities constitute 10 percent of the population in the Philippines. This percentage however could not muster social impetus to force the government and the citizenry to address their specific problems and concerns.

Among these problems are:

- lack of infrastructure and transportation for this group;
- absence of clear programs for their sustainable employment;
- lack of responsive programs to further to further improve their physical and social well-being.

Religious and civic groups have taken major activities to address these problems. Some groups introduced backyard industry as income generating measures but could not generate enough for their subsistence. However, despite the lack of income earned from these projects, the persons with disabilities were compelled to join because there were no alternatives for them. These sad situations reinforced their belief that only in handicraft industry they could gain employment. This fostered the so-called “handicrafts mentality”

The birth of an Organisation for people with disabilities (PWD)

In 1990 a group of handicapped students formed a group to pursue their dream of a normal life in the college. They dreamed of transforming the college into a friendlier and more accessible environment for all handicapped students. With enough funds for the accessibility project, the group sought the support of the administration of the college which responded positively by transforming the college into a very accessible environment, meriting for it the National Council for the Welfare of Disabled Persons Award for the most Handicapped Friendly School for 1994. Significantly, the students and faculty accepted these handicapped students, not as special individuals, but as peers and equals.

A hard Life

In 1991, this young group left a well-known institution, with all its comfort and financial support, to pursue their dream of independent living. The management of this institution saw conflict of their ideals and interests with those of the handicapped students. These young reformists advocated a complete turn-around from the traditional perception of handicapped persons as passive and conformist individuals.

They believed that through active participation in their community and the society at large and by recognizing their potentials and strength, to gain true independence.

The next three years were a far cry from their sheltered existence. Living in small cramped dwelling which served at their residence and office in a depressed urban area, pieces of cardboard boxes served as their beds. Endurance and courage grew with their desire to improve their common lot:

The idea of a co-operative dawned on them.

The Multipurpose Co-operative was formally registered in 1991 and cited as the first co-op duly organized and managed by persons with disabilities in the Philippines. Its success was recognized by the institutions.

Program and Projects

Most of the 139 trainees on the school chair manufacturing and bag making came from the depressed areas. 80 percent of them found employment in their community based livelihood projects. These two livelihood projects were established and co-funded by an international NGO based in Germany.

The community soon realized that the handicapped workers were an integral and positive part of their community. Also non-handicapped workers became part of the workforce of the workshop.

The same workshop promotes a positive atmosphere where persons with cross-disabilities work harmoniously: those in wheelchair and those using crutches assisted by the deaf and the less affected by their disabilities. Finance, however, remain a constraint. National and International NGOs helped a lot.

Since its initial operation in 1996 30,000 school chairs had been produced. Also the handicapped sector became a partner in the government's efforts to deliver social services. A computer shop was also put up.

A book entitled "We can" has been published to motivate other handicapped to organize themselves. In 2000 the Independent Living Centre was inaugurated. It houses a computer centre, a human resource development and rehabilitation centre, facilities for special education and a vocational training centre.

Its flagship program is the Children and Youth with Disabilities Program with the objective of addressing disabilities at the earliest stage to arrest the further progression of illness.

Most beneficiaries come from very poor families. This program will serve as an indicator for mainstreaming of the children. Volunteers teachers and instructors will hold night schools after work for those willing to undergo the program.

Moving forward

The co-op's efforts at human resource development served as inspiration to the city government. The social contract, which could be signed between the private and the handicapped sector, other NGOs and local government units is a concrete step forward to find ways of addressing the needs of the handicapped sector.

The Bigay Buhay Multipurpose Co-operative (Bigay Buhay means "Life Giving") has come a long way from its humble beginnings in the slums and has proven that disability is not a hindrance in the pursuit of success. Hard work and perseverance coupled with idealism, sincerity, wisdom, and faith in individuals and group efforts will crown the efforts with success.

For further information please contact:

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Social Services: Seminars and Conferences in the Multipurpose Co-operative in Manila.

Photo: BBMC, Manila

Spain

Intergeneration-Housing for aged people

The values of generation mixing

The Spanish experience with housing for the aged is illustrated by a summary of government policy on "intergeneration housing" as a viable alternative to residential care. Three projects on municipality level are presented, putting this policy into practice, which details on objectives, justification of the projects, conditions to be met by applicants and architectonic characteristics.

The method of intergeneration housing

The majority of the European countries are progressively beginning to react to the only existing pattern regarding the care for elderly people after their retirement, namely residential care for aged people. The main critics concerning these establishments focus on the resulting problems resulting from placing old people into such centres, leading too often to a loss of personality and above all marginalizing persons who are physically and psychologically still fit for social life and still able to integrate themselves into society.

This criticism led to elaboration of alternative solutions developing new recipes of living together, which enable old people to maintain their independence and integration into society as long as possible. The mentioned recipes range from the keeping of their own residence to the accommodation in apartments with a family-like way of life.

In view of this, the "Plan Gerontológico Estatal de España" stated the following principles: to favour the residence of elderly people in their own environment, promoting life in groups based on solidarity as well as autonomy and self-help through the establishment of a programme of residential care and support of initiatives of elderly people which aim at gaining experience in the field of shared houses.

In the same manner, the "II Congreso Estatal de Personas Mayores" held in 2001 came to the conclusion that the administration has to continue to promote and support the different models of alternative housing for aged people ranging from living together in clusters of small units to shared apartments and other models as a way to promote integration and active participation of the users.

For this reason, it seems appropriate to develop mixed generation housing along with the promotion of other alternative recipes of shared or individual housing.

The above mentioned models allow access to decent housing and facilitate self sufficiency, support viable forms of relationships between parents and children or between generations, introduce elements of personal security, avoid situations of forced isolation and provide adapted treatments and necessary equipment in case of illness.

On the other hand, during the past years, legislation has been improving different patterns and forms of social housing, trying to stimulate supply of decent and high quality houses at affordable prices for different groups of the population according to the level of their pensions. A careful adjustment of legislation was planned to consider the need of adjusting supply of social housing to the specific requirements of elderly people.

In view of the present situation it is absolutely necessary for urban planners to take the fact into consideration that in the near future a very high percentage of elderly residents will live in the cities and that the cities will have to adapt supply to these demands.

Different initiatives, mainly on municipal level, are having as their objective to implement measures to face this new reality. It is obvious that the pattern offered by public services to elderly persons will be subject to limitations and that different forms of institutional cooperation between administrations and forms of cooperation between public and private sector organisations have to be found in order to allow the implementation of measures of public interest that cannot be offered by the public system.

Pilot Project: A building with 18 apartments with services in the old city of Alicante

In line with the above mentioned philosophy, the “Patronato” launched an integrated housing project with included services, based on the principle that half of the accommodations are to be occupied by elderly people and the other half by young people or couples.

According to this principle, the elderly resident can continue to live in an affordable rented flat in the city suburb where he/she has been always living (the housing allowance for a larger flat - incl. the cost for common facilities - do not exceed approx. 120,- €) and enjoy the availability of common services as well as being tied into a strong solidarity emerging where old and young residents are living together.

Our project includes a building with 18 apartments and two commercial premises with a basement, whose promoter is the own “Patronato”. The total used surface amounts to 1,547 m² (divided into five types of apartments between 37 and 49 m² of living space per housing unit), all of them with only one bedroom.

The building in which “Lonja Medieval” is situated stands at the corner of the Calle Mayor and la Lonja de Caballeros and disposes of an elevator for disabled persons. The surface of the terrace (roof garden) is used for community purposes; five washing machines as well as a room for the storage of cleaning products are available.

The apartments are equipped with individual meters of electricity and water. The supply with gas was stopped because of the dangers this source of energy represents especially for elderly persons. When assigning these apartments, each accommodation was equipped with bath accessories, kitchen furniture, electric kitchen with oven and electric water heater.

This project concerned not only enabled the elderly residents to stay in their usual environment, to keep their independence and live in a comfortable dwelling, but led to strengthen mutual assistance mechanisms among the different generations. This pilot project encouraged us to launch two similar projects (Lonja mercado and Plaza de América) which demand a much higher investment but are nevertheless based upon the same philosophy.

The new projects Lonja Mercado and Plaza America – Intergeneration apartments and multipurpose centres

Taking these premises into consideration, the local government of Alicante (through the “Concejalía de Acción Social y Comercio, Sanidad y Mercados” and the “Patronado Municipal de la Vivienda”, i.e. the Council for social and economic action, health and markets and the Association for Communal Housing) proposed its intergeneration housing programme of Lonja Mercado and Plaza de América. Both projects intend to provide these areas with services lacking in the vicinity such as a citizen social centre, a day care centre in each building, a health centre, a sports and swimming centre, a technology centre for trade, a logistic centre for the central market and public parking spaces along with the construction of 116 apartments in the “Lonja Mercado” and 74 apartments in the “Plaza de América” based on the principles of intergeneration housing regarding services for both buildings as well as design and equipment of the apartments.

The first project “Lonja Mercado” was submitted to URBAN 2000 as a central project as part of a comprehensive program of rehabilitation of the traditional Old City. Although the City of Alicante has not been selected for this European Initiative due to the geographic distribution of the projects carried out by the Ministry of Economic Affairs, the Municipal Government Team decided to promote the project, being convinced of its necessity and significance and looked for other sources of funds.

Both buildings have a strong urban character, one of the projects being situated within the historical centre of the city, on land previously occupied by parking spaces of the central market, the other one in a very traditional quarter with strong urban infrastructure. The selection of these two locations will allow the development of urban structures, the rehabilitation of both urban areas and the significant improvement of the supply situation in both neighbourhoods.

General objectives

The general objectives of this initiative are:

- to solve the problem of housing, with affordable rents (max.: 3 € m² residential surface/month) which nevertheless guarantee repayment of the mortgage and covering the maintenance costs,
- to promote the intergeneration solidarity,
- to promote awareness of society of the needs of elderly people by improving communication and exchanges between both generations,

- to avoid isolation and loneliness of the elderly persons who are living in single households,
- to look for new incentives for active life of aged people,
- to improve the living conditions of elderly people as far as possible,
- to extend the period of independent living for elderly people as far as possible,
- on the other hand to generate respect for young people who promote the exchange of knowledge and experiences between generations, as a way of enhancing moral values,
- to take part in reinvigorating the neighbourhood in which the project was established,
- to improve the services for the neighbourhood of the quarter with the creation of a day care centre, a health centre, a citizens' centre, a sports and swimming center and public parking spaces,
- to outsource some services, without reducing their quality, in order to rationalize management schemes, for example the administration of the sports and swimming centre to private enterprise by means of a concession guaranteeing a free access for elderly people during evening hours and on week-ends when shops are closed.

Reasons for the necessity to offer housing designed for elderly persons

- unsuitable housing conditions in the apartments they presently occupy,
- serious problems of access, which in many cases prevent old people from leaving their dwellings for shopping or leisure,
- Expiry of the lease,
- Arbitrary application of the Urban Leasing Law by some owners,
- Need to sell the house in order to supplement insufficient pensions. Concerning this point, it is necessary to solve the ownership issue and to ensure that – in the case the housing unit could not be sold at a fixed term – the person will vacate the apartment (en alquiler adjudicado). Different patterns of direct acquisition of apartments from communal housing stock through other housing programmes are presently examined.

Conditions to be met by old persons to have access to an apartment

- To be 60 years of age or older,
- to be mentally fit and capable of living independently,
- not to be in the possession of another habitable house, taking into consideration the possible exceptions in case of houses being offered for sale,
- income not exceeding an amount to be fixed.

Conditions to be met by young persons to have access to an apartment

- to be under 35 years old,
- Contractual commitment for the providing of services,
- Not to be in the possession of another habitable apartment,
- Personal and family income do not exceeding an amount to be fixed.

Activities to be developed by young persons

The activities to be developed by the young persons will be:

- with relation to the elderly persons: to keep company, to accompany the person when visiting the doctor, going for a walk, buying food and medicines, to help them in their daily life.
- with relation to the services that the day care centre provides: physiotherapists, pediatricists, health assistance, psychological assistance, serving as social cultural promoters, teaching informatics, the use of the internet, etc.

The young persons will participate in these tasks on a voluntary basis, nevertheless under contractual agreement in order to regulate and guarantee the relations between young and old people as well as the provision of services.

In calculating the value of services rendered by the young people, the professional qualification, the type of services offered and the intensity with which the services are provided will be taken into consideration.

It is furthermore important to ensure that there is no risk of subrogation, i.e. transfer of rights, except in case of married couples.

General architectonic characteristics

- Urban character with access to the public area as an essential element of integration.
 - Specific design, taking the needs of the users into consideration, especially regarding the access to and effective use of the installations, which have to be fully appropriate.
 - Day care centre as part of the building, nevertheless open to the users of the neighbourhood.
 - Alarm service in the houses over 24 hours, allowing extension to cover individual dwellings as required.
 - To design the apartments in such a way that they can be easily adapted to *changing necessities of the dwellers through subdivision into compartments.*
 - To develop the quality of the apartments in order to create a pleasant living environment, equipping them with modern facilities.
-

- To provide the building with comprehensive joint services with regard to leisure, culture, sports, internal and external relationships.

Intergeneration apartments and municipal multipurpose centre “Lonja-Mercado”

- 116 intergeneration apartments with joint services: kitchen gardens, geriatric swimming pool, gymnasium, solarium, television rooms, laundries, meeting areas and gardens,
- Day care centre for elderly persons,
- Citizen centre / social centre:
Banco de tiempo (bank for accumulating and offering working hours earned by providing services or consumed by using services),
Day care centre (also providing opportunities for occupation), cultural centre, conference room and “Telecentro”,
- Sports and swimming centre,
- Technology centre of trade
- Parking spaces for 290 places (“Centro Logistico Mercado”)
- Public space in the basement (2,456 m²).

Apartments	Day care center	Citizen centre	Technology centre	Parking	Total space
9,400 m ²	696 m ²	4,496 m ²	5,000 m ²	11,289 m ²	31,154 m ²
30.17 percent	3.11 percent	14.43 percent	16.05 percent	36.24 percent	100 percent

Investment: 18.450,-- €

Intergeneration apartments and health care “Plaza de América”

- 74 intergeneration apartments with joint services: kitchen gardens, geriatric swimming pool, gymnasium, solarium, television rooms, laundries, meeting areas and gardens
- Day care centre for elderly persons
- Health centre
- Parking space for 278 places

Apartments	Day care centre	Health centre	Parking space	Total
6,708 m ²	1,227 m ²	3,816 m ²	7,397 m ²	19,148 m ²
35 percent	7 percent	19 percent	39 percent	100 percent

Investment: 11.475,- €

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Sweden

The Swedish experience with housing for people with special needs is illustrated by two extraordinary projects, one for housing people with Parkinson's disease, carried out by HSB Täby/Roslagen, which developed from outsourcing home services by establishing a daughter company and one case study of a joint co-operative and municipality project of a housing complex for older persons in Southern Sweden.

(a) The Parkinson House Utkast in Täby/Roslagen and eldercare – Experience from HSB

What is HSB?

A Swedish tenants savings and building society run as a co-operative organization. HSB has a leading roll in creating well-priced, attractive, safe and environmentally friendly housing for all age groups. The organization was founded in 1923 with the aim to build housing for members who were prepared to save for their future dwellings. Today, HSB is the country's leading co-operative society for savings, housing planning, financing, building and maintenance of all types of housing accommodation. HSB has 543 859 members and one in ten Swedes live in HSB built housing. Co-operative membership is open to everyone and affords the rights to vote and partake in decision making both on a local and overall level within the organization.

What is HSB Omsorg?

In the early 1990s HSB noticed a rising demand from members in housing associations in Sweden for home help. Most of those that sought help were elderly people who wanted to live as long as possible in their own homes but needed help cleaning and maintaining their flats. HSB Omsorg was started in 1993 to meet the demands of these members. When the local town council in Täby introduced a system within their care programme to the aged, that enabled elderly inhabitants to choose freely between several accredited companies, it was a natural step for HSB Omsorg to expand even in to this field.

HSB Omsorg is at the moment a solely owned limited company run by the local HSB co-operative organization in Täby. However, following expansion since 2001 into five other local municipalities in and around Stockholm that have introduced similar free choice systems with regard to care for the aged, other local HSB co-operatives have been offered and accepted partnership in the company on a semi-franchising basis. Customers are offered open home care, home-related services such as cleaning and home maintenance, service homes for the elderly, home hostesses, voluntary services and 24-hour alarm service including regular nightly home assistance.

HSB Omsorg's mission is to provide the elderly with secure and reliable home service. All services are therefore adjusted to meet every individual's personal requirements, demands and expectations.

Parkinson's disease

The disabilities caused by Parkinson's disease vary over time. Today Parkinson's disease cannot be cured but its symptoms can be physically and medically treated for some time, but eventually the disease causes death. Parkinson's disease causes a slow degeneration of the cells controlling the muscle movements in the body. Often the symptoms vary in strength during the day, from totally under control till small crisis- fits or cramps. Today's medicine helps to keep the disease under control for some years after which the effect of the medicine decreases. The medical and physical treatment of Parkinson's disease must be individually adjusted over time. The patient can also be forced to change medication. The patient should try to keep up an as normal lifestyle as possible. Regular exercise, with special physical training, is necessary. A correct diet is very important for a person suffering with Parkinson's disease. Stress can make the symptoms worse.

HSB Care

In 1992 HSB Täby/Roslagen decided to offer their members, at a small cost, new home services, such as cleaning and minor reparations etc. In HSB Täby they had, and still have, a lot of older members, often living alone in their apartments, and these services therefore were asked for. In 1993 the local municipality decided to have a competitive welfare system, e.g. to let the elderly, with the right to household services paid for by the municipality, make an active choice of service provider. As the local HSB was well known for their new services they were asked by the municipality to also provide home services paid for by the welfare system and to make it possible for all the elderly in the municipality to choose HSB.

The home services that can be guaranteed to an older person by the authorities, after probation, are small things such as cleaning, delivery of food, laundry etc. It also includes an alarm service with an alarm button to wear on the wrist for instant 24-hour assistance. HSB Care is now managing the alarm and night patrol in the whole of the municipality of Täby.

Many elderly in Täby soon asked for the HSB services. In order to meet the demand and to make the organisation of home care services more flexible the local HSB decided to start a limited company for the home services- HSB Care. HSB Täby/Roslagen owns all the shares in HSB Care. Starting a company for the home services had several advantages. One being that HSB Care have their own capital to develop new ideas for services asked for by the members of the local HSB, or suggested by the municipality. Another advantage is that HSB Care can offer their services to other HSB offices, and to their members, in the Stockholm area. Of course it also means less of an economic risk to HSB Täby/Roslagen.

Apart from home services HSB Care today also offers adapted housing in the form of two elderly housing complexes for elderly with the need of 24-hour service. Eva Udén, head of development at HSB Care, says that these kinds of complexes should be kept rather small to ascertain good living conditions for the tenants:

- The complexes should not be built for more than maximum 30-40 customers, and they should be divided into several smaller units.

The new organisational structure with a separate HSB Care also gave way for elaborating the idea for housing for persons with Parkinson's disease. The housing for people with Parkinson's disease is the first of specialised housing projects for people with different kinds of handicaps.

- We are constantly looking for new possible enterprises for HSB Care. They have to meet our requirements, our basic values and ideas.

Eva explains that the basis for the work of HSB Care is to make it possible for their customers to live in their apartment for as long as possible. She points out that that the feeling of security in the housing, in ones apartment, from childhood to ones older days, is the core of the HSB ideology. This means that HSB is obliged to assist the member in making it possible. But it also means developing adapted housing that feels comfortable to move to. Adapted housing can also fill the purpose of short time stays, to relieve a partner or relatives of their daily burdens, or to give the disabled necessary treatment for a higher quality of life.

The creation and funding of the Parkinson house

The flexibility of HSB Care, in having their own risk capital and available staff to develop ideas, made it possible to elaborate the idea of Torill Findiesen, president of HSB Care, to create a home for people with Parkinson's disease. Torill had, from having a close relative suffering from the disease, experienced that the care for persons with the disease in many cases is insufficient and even worse, that many times, because of the nurses lacking relevant education the patients don't get proper care.

In the early stages of projecting the Parkinson house HSB Care cooperated with the municipality of Täby. Thanks to this suitable premise for the activity was found and offered HSB Täby/Roslagen to buy. HSB Täby/Roslagen owns the premise and pays for the constructions of the building. HSB Care will then rent the building from HSB Täby/Roslagen. This serves the purpose of letting HSB Care stay untied by high loans and bound capital. The clients are to be found from all the municipalities in the greater Stockholm (Stor Stockholm). HSB Care is therefore now putting lots of energy into marketing the Parkinson house to social departments all over the region. This will enable them, as a part of their welfare services, to offer their client services at the Parkinson house.

In the future, all HSB Omsorgs staff members (now approx. 450 people) will be trained to give specialised care to Parkinson sufferers. The staff at the new home in Näsby Park has already been trained to help the 31 people that move into the 30 flats that comprise the home. The flats, some of which have magnificent

views over the Stockholm archipelago, range in size from 31, to 40 m², and have access to communal living and dining rooms. The home, including the flats, designed to give a spacious, airy atmosphere with specially chosen light colours, is situated in a newly renovated shopping centre where there are shops, banks, pharmacists, doctors, library and restaurants. A lift, direct from the home, enables easy access to the indoor shopping precinct and pathways leading to the nearby beach and neighbourhood. The location of the home is well suited to elderly sufferers of Parkinson's disease, who often have mobility problems but at the same time enjoy and can appreciate a stimulating environment.

Besides good care and attention, other important aspects in the daily welfare of the inhabitants, at the home are cultural and spare time activities which Maria Nølgård Wählin, Manager and co-ordinator at HSB Omsorg, is responsible for. HSB Omsorg's focus on support and care for the whole human being, body, mind and soul, provides a unique environment for elderly to live in. Social and cultural stimulation are important factors for personal motivation and *joie de vivre*. Relatives and friends are encouraged to participate in activities and the daily lives of the inhabitants at the home. HSB Omsorg has previously built up a group of voluntary workers that will also encompass this home in Näsby Park. A support and development group of relatives will be started in collaboration with the Swedish Parkinson Disease Society.

The Parkinson house

The architecture of the Parkinson house is made out to facilitate the normal day life of a patient. The house will also be equipped with certain designs to help the patients. It is, for example, not unusual that the patient suddenly suffers from cramps. Visual experiences can help to suspend the cramps. The floors therefore will have different kinds of stripes which fools the eyes to make it believe that you have to raise your foot. This simple effect has been proven to be effective. The cooperation with the Swedish Parkinson association

Around 20 000 persons in Sweden today suffers from Parkinson disease. The Parkinson's Association is an NGO for persons with Parkinson's disease in Sweden. Their aim is to improve the conditions for people suffering from Parkinson's disease. Apart from lobbying at national, regional and local level they collaborate with hospital schools in working out educational programs for nurses, with hospitals for special treatment programs and with social activities for their clients and their families.

The benefits with the Parkinson house

The cooperative movement has as one of its core ideas to provide society with social services that are not offered by the state or by the market, or where these services are of inadequate quality, or only offered to a privileged few. HSB Care and the Parkinson house fits in to this description.

To fill this purpose the Parkinson house is offering the following:

- Long term stays for clients that are in the later stages of the disease.
- Shorter stays for clients that are in need of regular medical assistance for a shorter period.
- Offering staff tailored education for working with person suffering from Parkinson's disease in longer terms means providing institutions all over the country with this knowledge.
- The Parkinson house is selling some of their courses to other institutions and is therefore an important provider of education on assisting and treating persons with Parkinson.
- The Parkinson house is offering group visits to the house for national and international groups.
- The Parkinson house is co-operating with the Parkinson association, the public medical service and with the University hospitals research. The Parkinson house is thereby an important actor in the furthering of research on treatment of Parkinson and of the symptoms of the disease.
- The Parkinson house is working with support groups for relatives of the clients. The purpose of these groups is to give a forum for the participants to discuss their burdens and experiences as well as to give information on new medicine and research etc.
- To share experiences and ideas with other HSB regional offices, and to assist them in creating similar activities.

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(b) Vigs Angar Older Persons' Housing Complex, Köpingebro, Southern Sweden

Sweden has long been internationally known as an advanced country in the design, care and services provided for its older people. The Vigs Angar older persons' housing complex is an outstanding example of the pioneering advances made in the field of care of frail older persons in the last decade in Sweden. The unique features of the project are the advanced design and care approach to meet the needs of frail older people, in combination with progressive environmental considerations in building design, construction and management.

What is the Vigs Angar Housing Complex?

The Vigs Angar complex in the village of Köpingebro in southern Sweden was completed in 1995. The initiative for its development came from the local community, supported by a local co-operative society and the local municipality. The inspiration for its design and management comes from the principles of anthroposophy and has been carried out entirely within a local community context. The project was to a large extent initiated, elaborated, designed and realised by women and is today primarily operated and inhabited by women.

The complex consists of 32 apartments in total. Sixteen of these apartments are in two group homes, and in addition there are 12 apartments for single older people and 4 apartments for older couples. Each group home has 8 apartments of 35m² as well as common space in the style of a farmer's kitchen with a large kitchen and living room with an open fireplace. One of the group homes is used to provide nursing home care for those with long-term severe illness and the other for persons suffering from dementia. The one-bedroomed apartments for single persons are 40m² and the two-bedroomed apartments for couples are 60 m². Cooking facilities are provided in the apartments and residents may choose whether to cook for themselves or eat with other residents. The range of accommodation on the site ensures that residents do not need to leave when their care needs change. It also enables couples to be in the same environment when only one of them needs specialist nursing or dementia care.

Anthroposophic design and care for older persons

The anthroposophic (coming from anthropos – man and sophia – wisdom) principle on which design and care at Vigs Angar is based is that the human being is in continuous evolution. Whatever you do, eat or experience is part of your individual development and maturing during life on earth. In anthroposophic practice the interaction with nature is fundamental.

Buildings are designed to express evolution and growth and to be integrated with the surrounding natural environment. Natural construction materials are used with a variety of energy saving options incorporated. Energy consumption is kept to a minimum and waste products recycled wherever possible.

Everyday activities – what people do, experience, eat etc. must be done considering the growth and well-being of all individuals – the elderly residents, their care-givers and visitors. Art work, experiencing nature, bathing and massage are important parts of daily life. The meals are social events. The cooking of food is fundamental and the smell and tastes evoke memories of earlier times. All meals are prepared in the kitchen of the complex using clean and fresh products from local producers.

In the anthroposophic approach, the materials, forms and colours of the architecture and interior are important for the well-being of the inhabitants. The running water in the works of art and the ponds, the fire in the open fireplaces, the daylight coming in through the windows and the views of the surrounding natural environment are important experiences of daily life. The entire scheme is non institutional in character with its soft colours, natural materials and close connection between the indoor and outdoor environment. Its tranquillity and harmony are recognised and appreciated by residents. A comparative study of the health effects of different indoor environments in older persons accommodation in Sweden has shown that the buildings of Vigs Angar have very high indoor air and climate quality. A recent study of care and quality of life for older persons in Ystad⁷ was carried out in co-operation with the Swedish State Department of Health and the Lund Centre for Gerontology. The evaluation was extremely positive with respect to the Vigs Angar Complex.

The therapeutic bathing, massage and general environment have contributed to a substantial decrease in the consumption of tranquillisers and sleeping medicine used by the residents. Surveys of residents show a very positive response to the living environment. The residents regard themselves as participants and not passive care-recipients. They particularly like to live close to the natural surroundings and the cultivated gardens.

Environmental sustainability

Energy and water conscious design was a fundamental part of the Vigs Angar design. The buildings are heated by thermal energy from the ground water converted by exchangers into water carried floor heating. Rain water from the roofs of the buildings is collected and conducted into works of art with running water, storage containers and a natural pond. Household and hygiene water is separated into black water (from the toilets) and grey water (from bath, shower and laundry activities). The black water is collected, stored and later used for manuring the energy forest around Köpingebro and the grey water is conducted to sludge separation and finally ground infiltration. Energy consumption is kept to a minimum. Environment adapted detergents are used, waste is sorted and all biological waste material is composted. On principle, as much as possible is returned to nature.

⁷ Brukarens och personalens syn på kvaliteten i särskilda boenden för äldre i Ystads kommun (Inhabitants' and staff views on standards and quality in home for the elderly in Ystad municipality), B. Alfredsson, Centre of Gerontology, Lund.

Social sustainability

The complex was developed as a community initiative and parts of it are open to the public in order to create and retain the links between the community and the older persons. The facilities that are open to the public include a cafeteria serving plain and vegetarian food, a community room, a hobby room, library and the bathing facilities. These bathing facilities are primarily for use by the residents and use by non-residents is by appointment. These facilities are well-used by local people and help to ensure that the housing complex is a genuine part of the local community.

Financial sustainability

The total cost of the entire scheme in 1995 was 25 million Sw. Cr. (\$2,408,000) excluding Value Added Tax and the land was owned by the municipality. These costs were met by the municipality and the complex is owned by the municipality. The care, nursing and general management activities are carried out by a small private company, *Barevadsnäs AB* with the costs being met by the residents. The Social Services Department of the Ystad Municipality selects residents for vacant apartments.

The annual operational cost is comparable to, or slightly lower, than similar old people's homes in Sweden. As in all other old person's accommodation in Sweden the residents pay rent each month for their apartments and the use of the common space, 2,400 Sw. Cr. (\$231) for a single apartment and 4,200 Sw. Cr. (\$404) for the double apartment. Residents also pay a basic fee for the use of the safety/communication system and separate payments for their food and home care services. For those who cannot afford the costs state and municipal subsidies are available. Swedish law states that all elderly persons should have at least a basic amount of money (currently 1,400 Sw. Cr., \$139) for their own expenses when the rent and other fees have been paid.

Replication

Although the Vigs Angar housing complex is small scale and unobtrusive, its impact on attitudes to providing housing and care for older persons has been significant. The need for holistic and sustainable approaches to both the care and design for frail older people is increasingly understood and the Vigs Angar project provides an example of how society can care for its frailer residents in a *sensitive, civilised and affordable manner*.

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Relaxing in your own apartment: Vigs Angar project, Sweden
Photo: HSB Sweden



The little pool of the Viga bath

Daily bathing and massage are used as therapeutic measures
Vigs Angar project, Sweden, Photo: HSB Sweden



The south-western atrium

Vigs Angar project, Sweden
Photo: HSB Sweden



Flowing water helps to generate an attractive and relaxing environment for residents in the Vigs Angar project, Sweden
Photo: HSB Sweden

United Kingdom

Lifetime Homes in Northern Ireland

Study by the Chartered Institute of Housing in Northern Ireland

A study by the Chartered Institute of Housing in Northern Ireland looked at the current position in relation to Lifetime Homes in Northern Ireland and identifies barriers to extending the concept to all tenures and existing stock. It compares the development of access standards in Northern Ireland with standards applicable in England and Wales and the Republic of Ireland. Through an economic appraisal of the costs and benefits and a survey of developers and users, the study suggests ways in which the debate on Lifetime Homes can be carried forward with decision-makers with a view to achieving harmonisation of standards across sectors.

- Lifetime Homes standards have been adopted in the social housing sector in Northern Ireland since 1998. This study identifies variations in the implementation of these standards in Northern Ireland. At present a mechanism does not exist to review the specifications and dimensions of particular features.
- Social Housing newly built accounts for approximately one in ten of new dwellings built in Northern Ireland each year. This programme represents 1.5% of total housing stock.
- An economic appraisal of the actual costs and potential savings of uplifting Building Regulations to Lifetime Homes standards shows that this makes good economic sense. The additional cost of Lifetime Homes, based on current levels of expenditure on adaptations, may be recouped in 3 – 10 years.
- Lifetime Homes may be misinterpreted as being for disabled people only. This study demonstrates that Lifetime Homes are suitable family housing and both young and old value many of the core features. Residents are often unaware that they live in a Lifetime Home.
- Major resources will be required to adapt toilet design for wheelchair users and many ambulant disabled people
- Lifetime Homes are not a substitute for wheelchair standard housing and adaptations for assisted wheelchair users may be compromised in a Lifetime Home.
- Housing designed with Lifetime Homes features may help to prevent accidents.

Background

The background to this study is set against the adoption of Lifetime Homes standard in the social housing sector in Northern Ireland since 1998 and the

recent amendments to the Building Regulations, (as they apply to domestic dwellings). This came into effect in April 2001.

In Northern Ireland during the 1990's we witnessed a number of common themes emerge from the strategic agenda overlapping between health and housing. The move to community care and the increasing demand for adaptations to assist people remaining in their own homes, highlighted the limitations inherent in existing housing stock.

Consequently, in 1998 the Social Housing Programme in Northern Ireland adopted Lifetime Homes. The aim was to enhance the flexibility and adaptability of new dwellings through design, by anticipating the changing requirements of occupants and enabling the dwelling to be adapted at minimum cost.

Around the same time, there were moves to achieve technical harmony with England & Wales and with Scotland by providing improved access for disabled people to visit relatives and friends in their homes. This led to the introduction of amendments to the Building Regulations in Northern Ireland.

Against this background, it was time to assess the current position in Northern Ireland and identify problems and issues to be addressed in extending the concept of Lifetime Homes to all tenures and existing housing stock.

Lifetime Homes – Evolution or Revolution?

The development of housing access standards in Northern Ireland and elsewhere is viewed by some to have evolved, but to others appears revolutionary. This project explores these developments throughout the island of Ireland and identifies the pivotal role that Lifetime Homes have played in this process.

The study involved reviewing current research and the investigation and collation of relevant data sources. Four types of data were collated, including (i) comparative data on housing access standards utilised in Northern Ireland and the Republic of Ireland set against Lifetime Homes standards; (ii) an economic appraisal of Lifetime Homes; (iii) perspectives from the housing industry and (iv) those living in Lifetime Homes.

The study further examines how Lifetime Homes address the spectrum of human need in the community and identifies areas for future design development.

It was felt important that this study should be set within the context of the developing agenda in the European Union to move towards a "Barrier Free Europe" for people with disabilities.

While Building Regulations and standards remain within the jurisdiction of each individual country, there have been moves to co-ordinate policies and standards in some parts of Europe. Recent changes to building regulations in Northern Ireland and Republic of Ireland allowed a comparison of current standards to be undertaken. This involved a desktop analysis of core similarities and variations in both jurisdictions and between their respective *social housing* and *private sectors* compared to Lifetime Homes. This was then field-tested with key informants in Northern Ireland and Republic of Ireland. A number of striking differences were identified and areas for future design development recommended, including:

- Design criteria for car parking facilities need to reflect the dimensions and method of entry of new types of vehicles.
- Enhanced turning space for wheelchair users.
- Higher space standards required in toilet design
- Additional space required in toilet / shower areas for assisted wheelchair users
- Application criteria for lift provision in flats and apartments need to be strengthened.
- Multi-sensory information in lifts could be standardised.
- The inclusion of a “spur” and conduit beside the stairwell would facilitate the cost-effective installation of a lift at a later stage
- More research required into the issue of egress by people with disabilities from domestic dwellings in the event of a fire
- The needs of the occupier to be paramount where site topography and the needs of the user are at variance.
- Consensus on the issue of socket heights is required
- Sensory impairment to be given higher profile in domestic dwellings similar to public buildings
- Heating controls that are easier to understand and use are required
- An evaluation of the interfaces, user benefits and cost effectiveness of a range of SMART technologies is required.
- The impact of Lifetime Homes in reducing accidents merits further research

Economic Appraisal

Cost is clearly a significant factor in adopting any new innovation and must be balanced against short and long-term benefits. This study addresses the perceived barrier to extending the adoption of Lifetime Homes and develops an important new model, which can be used to test the validity of these findings, across sectors.

The starting point for this economic appraisal of Lifetime Homes in Northern Ireland utilised the model devised by Cobbold in 1997. However, as the costings available in Northern Ireland are more readily than the data which Cobbold had to rely on at that time, it has been possible to devise a more rigorous formula, to more accurately assess the costs and benefits than had been previously undertaken. The new “Blythe Model” relies on quantifiable data from an extensive range of published sources.

The study shows the cost differential between building to the building regulations or increasing the standards to Lifetime Homes. It is demonstrated that the cost of incorporating all the Lifetime Homes standards would range from a minimum of £165 to a maximum of £545, depending on dwelling size, layout and specification. As a result of the study, it is estimated that this additional expenditure, based on current levels of expenditure for adaptations, could be

recouped in 3-10 years. In addition a number of cost savings and benefits associated with building to Lifetime Homes standards are identified, including:

- Reduced expenditure on adaptations,
- Savings in home care costs associated with heating,
- Savings associated with reduced accidents in the home,
- Savings in cost of removing adaptations in non Lifetime Homes,
- Delaying moves into residential care,
- Reduced need for temporary residential care,
- Savings in health care costs,
- Savings in re-housing costs.

Recent research by the Joseph Rowntree Foundation has shown that many of the Lifetime Homes standards can be readily incorporated as part of standard refurbishment works and many can be introduced at little additional cost.

This economic appraisal has demonstrated that real economic and social benefits will accrue by the provision of Lifetime Homes in Northern Ireland, extended across sectors.

Housing Industry Perspective

In evaluating the current factors which block or enhance the likelihood of extending the concept of Lifetime Homes to all sectors, this study also sought to elicit the views, perceptions and concerns of those involved in the housing industry. This involved conducting a number of semi-structured interviews with builders who had experience of private sector development and adaptations. In addition, representatives of the Construction Employers Federation, National House Building Council, Building Control and Council of Mortgage Lenders were similarly interviewed and their views and concerns incorporated in the analysis.

Findings included:

- Awareness of the concept of Lifetime Homes was variable.
- Some concern about level thresholds,
- First floor bathroom design features viewed by some to be excessive,
- Concern that Lifetime Homes could impact on land prices and house values,
- Strong support for training of builders in access standards,
- Support for having one set of legally enforceable building standards,
- Surprise at the scale of disability in Northern Ireland (17.4 percent),
- Cost seen as a barrier to extending Lifetime Homes to private sector,
- Role of housing design in accident prevention viewed as useful marketing tool.

It was also felt that devolution in Northern Ireland provides an opportunity to influence change and that policy makers would respond positively to the concept of Lifetime Homes by setting in place strategies and priorities to tackle social exclusion and to develop consistent design standards.

Consumer Perspective

A major feature of this study was also to engage with existing consumers who currently live in properties built to Lifetime Homes standard in Northern Ireland. This involved preparing and distributing questionnaires to over 200 social housing tenants. In a follow up, some 65 one-to-one interviews were completed. Demographic data was also collected to allow correlation of the perceived value of particular Lifetime Homes features according to age and household composition. The study also sought to assess the impact that new technologies and environmental controls might have on future design of dwellings.

From the survey, the adoption of Lifetime Homes standards for the social housing programme in Northern Ireland has been a positive development. The study demonstrated that there is a range of benefits for actual occupants as well as visitors and that these benefits are not restricted to older or disabled households. The consumer survey has reinforced the limitations inherent in existing housing stock as a number of respondents moved to the Lifetime Home to facilitate adaptations that were required and that could not be carried out at their previous address due to its design or the cost associated with the work.

The results of the survey clearly shows that Lifetime Homes standards are a significant move forward in “designing in” the current and future needs of occupiers, regardless of age or household composition.

Conclusion

This study set out to assess the current position in relation to Lifetime Homes in Northern Ireland and identify barriers to extending this concept to all tenures and existing stock. It is clear from the study that Lifetime Homes should be taken as an important minimum standard that we should be looking to enhance rather than reduce. The focus should be on uplifting Building Regulations to higher standards rather than diluting Lifetime Homes.

The case has been made to move towards a situation where all housing is universally usable and will benefit all users and visitors. To encourage the harmonisation of access standards in Northern Ireland, a Building Standards and Design Forum needs to be established to raise awareness of Lifetime Homes and identify, evaluate, disseminate and promote good practice.

Decision makers in the Northern Ireland Assembly are encouraged to take forward the debate on Lifetime Homes as part of the strategy to promote social inclusion and the move to accessible housing must be planned along with other developments, such as sustainable housing, SMART homes and other “assistive technologies”. Further research is required into the role of housing design in accident prevention and data shared with housing planners in the Republic of Ireland.

Lifetime Homes are a significant move forward in “designing in” the current future needs of occupiers and should be extended to the private sector and incorporated when renovating older stock.

How to get for further information:

The full report, *Lifetime Homes in Northern Ireland* by Paraig O'Brien, Adrian Blythe and Shauna Mc Daid and edited by Kieran Walsh is published for the Foundation by the Chartered Institute of Housing in Northern Ireland. It is priced £12.95 and is available from the Chartered Institute of Housing in Northern Ireland, Carnmoney House, Edgewater Office Park, Belfast BT3 9JQ. Tel No. 028 9077 8222, e-mail: kieran.walsh@cih.org.

The following Findings look at related issues:

- The market potential for Smart Homes, Nov 2000 (Ref: N40)
- Consumer and Industry views of Lifetime Homes, Mar 2001 (Ref: 371)
- The effectiveness of housing adaptations, July 2001 (Ref:811)

The Joseph Rowntree Foundation is an independent, non-political body which has supported this project as part of its programme of research and innovative development projects, which it hopes will be of value to policy-makers, practitioners and service users. The findings presented here, however, are those of the authors and not necessarily those of the Foundation

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USA

California Community Housing Helping Independence Along

California Community Housing (CCH) is a private non-profit organization, founded in 1961, whose mission is “providing affordable quality housing in caring communities.” CCH successfully manages over 3,500 rental housing units for the low-income elderly and disabled complete with adaptable features in the units to accommodate “aging in place” and on-site service coordination to assist with continued independent living. There are several components to CCH housing that make it successful: architecture, operations and service coordination. All three of these things serve to assist the residents in maintaining as independent a lifestyle as possible.

Structurally, the facilities are designed to allow easy access from the front door to all community spaces by someone with a wheelchair or with other mobility impairments (walker, cane, etc.). This includes automatic opening doors, street level entries or ramps up to the entry, and low-pile carpeting or other “no-trip” flooring.

Corridors are equipped with handrails to guide those with vision impairments or just unsteady feet. Doors to community areas (offices, laundry room, etc.) feature signage with high contrast lettering and Braille characters. To further assist those with low vision, doorways are painted denser colours than the walls to provide contrast. Even the furniture is selected with the residents in mind. Couches are firm with seating a comfortable 24 inches off the floor, and all chairs have arms to assist in standing and broad footprints to ensure stability.

Architecturally, CCH strives for open, airy community spaces with plenty of light and as many windows as possible to provide a connection between the community inside and the greater community outside. As isolation is a concern among the special needs population, essential services, such as the laundry room and mailboxes, are strategically located so as to promote interaction between residents and facility staff.

Inside the units themselves there are accessible features such as wheelchair turning space in kitchens and bathrooms and 36-inch wide doorways. To enable a resident to remain in their same unit in the event of a change in mobility, extra supports are built into the walls of the bathroom to secure future grab bars and removable cabinets are used under the sinks in kitchen and bath to allow for easy modification. Lighting and appliance labelling is sufficient for those with low vision and doorbell chime volumes can be adjusted for those with hearing impairment. Many of CCH’s 3,200 elderly residents have lived in their units for over two decades.

In an effort to provide a comfortable living environment for residents, CCH incorporates many things into the operations of the facility such as monthly social events, community gardens, and computer learning centers with Internet access. In addition, residents are encouraged to form and serve in a Residents’

Council that can play many roles depending on the desire of the residents. Some councils are active in their communities on political issues, others are primarily engaged in activity coordination for the facility, while others work on local charitable causes.

For further information please contact:
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Entry ramps wrap around front of building – Carquinez Vista Manor –
Crockett, California, USA. Photo: CHF, USA



Community gardens – Margaret McDowell Manor –
West Sacramento, California, USA. Photo: CHF, USA



Two-storey entryway – Bancroft Senior Homes –
Oakland, California, USA Photo CHF, USA



Resident apartment – Carquinez Vista Manor –
Crockett, California, USA. Photo: CHF, USA

Part III

Summary and Conclusions

by Hans-H. Münkner

The topic dealt with in this book was suggested by a representative of the Bigay Buhay Multipurpose Co-operative of the Philippines – the only case study from a developing country presented in this publication – at an ICA Housing seminar in Seoul in 2001.

All other country reports on housing policy, case studies and projects – with the exception of Estonia – are taken from Western industrialised countries (Belgium, Canada, Germany, Ireland, the Netherlands, Norway, Spain, Sweden, United Kingdom and USA).

The reason for this focus on relatively rich countries is not only due to the availability of data and the willingness to share experience. It also shows that in industrialised countries the social environment for integration of the disabled/other-abled and the aged has changed most significantly and that conventional family structures which used to provide care for these persons with special needs become less effective in times where nuclear families and single households are replacing the joint family system and where individualism without social ties is growing as well as medical and technological progress, extending life expectancy and allowing persons some degree of independent living despite serious physical handicaps.

When looking at common denominators of policy designs, case studies and projects presented in this publication, it can be noted that all show the features of “**multi-stakeholder**” organisations, alliances of care providers and local housing suppliers, forging local strategic alliances for solving local problems. Many of the cases can be classified as “multi-stakeholder co-operatives” characterised by co-operation of individuals in both capacities of provider and user of services, private enterprises, NGOs and public institutions. They represent a new type of organisation that plays an increasing role in this and other fields of economic activity with social objectives, serving as organisational framework for providing needs-adjusted, financially affordable, life-time housing.

A special type of co-operative society has developed in Italy: The **co-operative for social solidarity**, having also features of a multi-stakeholder co-operative.

Another common feature is that all reports show signs of an **integrated urban development approach**. Calling for concerted efforts of co-operators, administrators of municipalities, policy makers, town planners, architects and technicians to develop sustainable solutions for resolving the special problems of the disabled and the aged.

In all country reports, it is underlined that **active participation of the main target group**, the handicapped and the aged, is indispensable to reach the

ultimate goal of their social integration. In co-operatives, active member-participation is an inbuilt feature and, accordingly, the co-operative form of organisation is best suited to achieve this goal. But where members are socially, economically and physically too weak to help themselves, there is need to extend co-operation beyond the users of services and care, to find strong members or partners, even if they are not directly in need of the services provided but are interested in or responsible for providing decent housing condition and care for all citizens in their community. Self-help and mutual aid have to be extended to include solidarity beyond the narrow circle of providers and users of services and care and have to integrate all stakeholders who are willing to pool their resources and strengths for reaching the common objective.

The case studies and projects presented illustrate the crucial importance of **leaders** with a clear vision of goals, with support of their fellow members and with a term of office long enough to put their vision into practice. In multi-stakeholder organisations, leadership can come from different sides: government offices, the housing sector, municipal politicians, members of special needs or groups or persons close to them.

Derived from experience described in the policy reports, case studies and projects, a survey of **best practice** offers the reader food for thought and tools for designing or improving own projects and programs.

Several case studies show that dwellings adjusted to the needs of handicapped and aged persons are more expensive than ordinary apartments. However, compared to the cost of residential care and adding the social cost of isolation and exclusion of handicapped and aged persons, the extra cost for adjusted dwellings are moderate and in fact help to avoid problems and save money in the long run. The cases show that with imagination a **funding mix** can be found which combines sources resulting from self-help, solidarity and social responsibility for investment in future oriented facilities and services. What emerges very clearly is that in case of adjusted dwellings, housing cost are greater but health care cost are reduced and social cost are even greatly reduced. It is also shown that when it comes to serving persons with special needs, the state has to come forward with funding and that agency support is essential.

The book offers a wealth of experience and reports on **lessons learned** as well as on **common threats** regarding “inclusive co-operatives”, intergeneration mix and multi-cultural orientation. It also gives hints on very practical matters, e.g. that garages with too low ceilings cause problems for wheel-chair accessible vans.

Interesting **approaches** are discussed like:

- Shared care approach allowing the joint use of services and funding,
- Inclusiveness and connectivity,
- Intergeneration apartments,
- All-living concepts, provision of integral packages of housing and care services, including comprehensive joint services, e.g. day-care centres for elderly persons,

- Aging in place, becoming possible in adjustable dwellings,
- Tele-work as a chance for integrating handicapped persons into the working life,
- Sustainability seen from the social, financial and environmental perspective.
- Harmonisation of standards, e.g. life-time home standards on national level and beyond, accepted by the housing industry and by the consumer and being economically feasible. Such standards would allow to “design in” the current and future needs of occupiers from the very beginning.

While the importance of setting **standards** and having them adjusted generally for housing construction to suit persons with special needs, it is also pointed out that universal units which can be modified with every new occupant to his/her specific needs should be the preferred option, allowing to avoid vacancies.

A general lesson learned from the cases presented is that while it is essential to have principles and standards, too rigid adherence to them can be detrimental and, accordingly, there will be **need to make compromises**.

With regard to **technology**, it is pointed out that technologies exist allowing to approach the realisation of the vision of a virtual home for old and/or handicapped persons combined with the features of a smart house.

Experience shows that technologies for making the life of the aged and the handicapped easier and safer have to be reliable, affordable, easy to use (self-explanatory) and robust. They are only useful if backed up by a reliable service system.

This publication is meant to raise awareness of the housing problems of persons with special needs among co-operative leaders and staff, policy-makers, city administrators, planners, architects and bankers.

It should encourage co-operators to take a new look at interpreting and applying the co-operative principles of 1966, especially with regard to self-help versus helping others and to the relationship between co-operatives and public authorities.

The **advantages of housing co-operatives** in this particular field of resolving housing problems of persons with special needs over rental housing are clear:

Co-operatives offer such inbuilt features as community setting, shared care and mutual aid and possibility of aging in place.

It becomes obvious when reading the country reports that it is important to see the whole range of choices from residential care to independent living combined with a service package and the message is clear: **Wherever possible and for reasons mentioned earlier, independent living and integration into a group is preferable to residential care.**

A value that only a housing co-operative can provide is:

“Democratic control over one’s own housing community”.

Finally, the publication also contains concrete recommendations regarding further studies:

- Cost-benefit analyses of “inclusive action” and “aging in place” approaches compared to conventional solutions.
- Conditions which have to be met to be successful in such projects.

It is hoped that this third booklet in a series started by ICA Housing in 1999 will stimulate further discussions and activities aimed at resolving the problems related to housing and services for people with special needs.

Annexes

1. Co-operative principles of ICA – Housing Co-operatives

Definition

A housing co-operative is a legal association formed for the purpose of providing housing for its members on a continuing basis. It is owned and controlled by its members. A co-operative is distinguished from other housing associations by its ownership structure and its commitment to co-operative principles.

Values

Housing Co-operatives exist for their members' mutual benefit. They share with other co-operatives the values of individual responsibility, mutual help, democracy, equality, equity and solidarity. They should conduct themselves honestly and openly.

Principles

Open and Voluntary Membership

Co-operative housing should be **open** to all who can make use of the services provided and are willing and able to accept the responsibilities of membership. Accessibility should be encouraged through the active promotion of membership in housing co-operatives to the full community. Member recruitment practices should be free of intentional or inadvertent discrimination by reason of race, colour, sex, language, religion, political opinion, national or social origin, age, family status, birth or disability. A housing co-operative may provide accommodation on a preferential basis as part of a special programme designed to relieve hardship or economic disadvantage of persons or groups so that they may achieve equal opportunity.

Housing co-operatives should work to remove any physical, procedural or other barriers that would limit accessibility and prevent the fair and adequate treatment of all. **We are committed to including people with special needs in our movement. The design of our buildings and the organisation of our co-operatives should encourage their occupancy, participation and full social integration.** People must be free to decide voluntarily whether or not co-operative housing responds to their needs. No one should be coerced into joining a co-operative and members should be free to withdraw from Occupancy with reasonable notice.

Democratic Control by Members

Ownership of a housing co-operative should rest with those who use its services. Non-member households should be limited. Members of housing co-operatives should have equal voting rights; membership should be distributed in a manner

that encourages equal participation in the co-operative. Democratic control of housing co-operatives is enhanced by the full sharing of information and the provision of equal opportunities for involvement. Control of associations of housing co-operatives should be exercised on a democratic basis as determined by the members of the organisation.

Members' Economic Participation

Members should contribute fairly to the capital of their housing co-operative and equally share the results of its operation. The co-operative should allocate surpluses in such a way that no member gains inappropriately at the expense of another. A portion of the co-operatives' capital should be devoted to furthering the co-operative's long-term aims. Surpluses may be used for this or any of the following purposes:

- developing the business of the co-operative;
- providing and improving membership services;
- rewarding members in proportion to their use of the co-operative;
- supporting further development of the co-operative movement.

Commitment to Service

Housing co-operatives should strive to meet their members' needs for affordable, good quality housing, security of tenure, and for safe, secure neighbourhoods. They should provide the best quality service at a fair price.

Housing co-operatives should work to create environments where members give and receive support beyond their shelter needs and treat each other with respect and tolerance.

Autonomy and Independence

Housing co-operatives are independent organisations controlled by their members. If they enter into agreements with governments or other organisations, they should do so freely, and on terms that respect their autonomy.

Education, Training and Information

Housing co-operatives should provide their members and employees with education to help them meet their responsibilities, to deepen their commitment and to develop the various co-operatives. Housing co-operatives should seek ways of informing young people, opinion leaders and the public at large of the benefits of co-operation.

Co-operation among Co-operatives

Solidarity and unity within the co-operative housing movement are promoted through the federation of housing co-operatives in organisations from the local to the international level. Housing co-operatives practice inter-sectoral co-

operation through business and membership links with other types of co-operatives and by giving assistance to co-operative development efforts abroad.

Approved by the General Assembly of ICA Housing Co-operatives 1993 in Geneva.

2. List of Abbreviations

ADL	Assistance to daily life
AIDS	Acquired Immune Deficiency Syndrome
Art.	Article
asbl	Association sans but lucrative, non-profit association
ATER	Italian public institution for social housing
AVS	Asociación Española de Promotores de Vivienda Sociales
AWO	Arbeiterwohlfahrt, Workers' Welfare Organisation
BBMC	Bigay Buhay Multipurpose Cooperative
BSPA	British Columbia Paraplegic Association
CCH	California Community Housing
CECODHAS	European Liaison Committee for Social Housing
CLA	Cooperativa Lavoratori Associati, united workers' cooperative
€	Euro
e.V.	Eingetragener Verein, registered association
ERP	Edilizia Residenziale Pubblica, Public residential housing
EU	European Union
EUDO	Estonian Union of Disability Organisations
HIV	Human Immunodeficiency Virus
HSB	Swedish Union of Housing Co-operatives
ICA	International Co-operative Alliance
ICTA	International Committee on Technology and Accessibility
IT	Information Technology
NABCO	National Association of Building Co-operatives, Ireland
NGO	Non-governmental Organisation
NPO	Non-profit Organisation
pc	Personal computer
RTC	Rehabilitation Technology Centre
Snr	Superficie non residenziale, non-residential surface
Su	Superficie utile, usable surface
Sw. Cr.	Swedish Crown

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