Chapter 9

The participation of older people in concepting and designing new housing facilities in the Netherlands

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Introduction

All over the Western world, people are living longer and are generally in better health than were previous generations of their age. According to the Organisation for Economic Co-operation and Development (OECD 2015), the population share of people aged 65 years and above is expected to rise to 25.1% in 2050 across its member states. In particular, cities have large numbers of older inhabitants and are home to 43.2% of this population. The interaction of ageing and urbanism, which is also termed urban ageing (van Hoof & Kazak 2018; van Hoof et al. 2018;), raises issues for all types of communities in various domains of urban living (Buffel & Phillipson 2016). An age-friendly city is a place where older people are actively involved, valued and supported with infrastructure and services that effectively accommodate their needs (van Hoof & Kazak 2018).

The World Health Organization engages and assists cities in becoming more 'age-friendly', through the Global Age-Friendly Cities Guide and its companion 'Checklist of Essential Features of Age-Friendly Cities' (Marston & van Hoof 2019; World Health Organization 2007). An *age-friendly city has* eight domains: Outdoor spaces and buildings; transportation; housing; civic participation and employment; respect and social inclusion; social participation; communication and information; community support and health services (WHO 2007). It optimises opportunities for health, participation and security in order to enhance the quality of life of residents as they age. According to the OECD (2015), ageing societies pose diverse challenges, such as the need to redesign infrastructure, transport and urban development patterns; social isolation; and the lack of accessibility and affordable housing.

The establishment of appropriate housing for older people is a major challenge facing Western countries (Doekhie et al. 2014; van Hoof et al. 2018). Ever-increasing numbers of older people live independently in society,

also referred to as ageing in place, which is not just related to the preferences or wishes of older people themselves (Kazak et al. 2017). Government measures, such as reforms in long-term care, also play an important role. The Netherlands, which is an OECD member state, has several challenges related to housing for older people. For example, in recent years many residential care homes, which are an intermediary form of housing in bridging the gap between living in one's own home and a nursing home, have been closed in the Netherlands, and many have been converted into facilities for independent living (van Hoof & Boerenfijn 2018). Under this model, a significant group of older people is in danger of getting excluded: Those who do not need continuous care and support, but who nevertheless seek the safety and jointness of a collective form of housing[1] (sometimes referred to as co-housing communities) for older people (Rusinovic, van Bochove & van de Sande 2019). Such types of housing bridge the gap between ageing in place and institutional care facilities.

The Dutch Government expects that municipalities, housing associations and market parties will take more action in the coming years and that more new forms of housing for older people will be realised (Ministry of Health, Welfare and Sport 2018, p. 40). In particular, the supply of intermediate forms of housing for older people at the low- and middle-income levels is limited. However, these efforts will not be successful without the participation of older people in concepting and designing these new housing facilities.

When establishing new collective housing concepts, social entrepreneurs[2] face a multitude of challenges, such as the large number of national directives that must be followed and the involvement of stakeholders in concepting and decision-making. The involvement of (potential) future residents is considered particularly challenging, yet important to tune the market supply to the needs of customers. Having older people's voices heard during the concepting and design stages of new housing facilities fits the goals of the age-friendly city movement, because it pertains to the domains of buildings and housing, social participation and social inclusion. Because of the aforementioned limitations, new initiatives are launched unsatisfactorily, and the current supply of housing concepts is limited or does not match the actual needs of older people. Therefore, many older people in need of intermediary forms of housing are excluded from the market, particularly those from low- and middle-income groups. The growth in the demand for independent housing concepts, which can accommodate a wide range of welfare and healthcare services when needed, is simply too high. To establish new housing concepts successfully, entrepreneurs need to improve the active participation of older people in concepting and designing, for instance, by removing the limitations experienced by older people, such as the methodology chosen for their participation and the perceived freedom to express views.

The way in which older people's participation can be organised to arrive at innovative concepts is an important part of such efforts. General lessons

can be drawn from the international literature about the factors that determine whether new initiatives for 'age-friendly environments' are successful or not. Steels (2015), who conducted a literature review, concluded that the following factors are particularly important: A fruitful collaboration between different stakeholders; the participation of local and national governments in providing finance and political support; and the involvement and social inclusion of older people. Various studies on the successful establishment of new initiatives in housing and care for frail older people showed that involving older people themselves is crucial (van Dijk 2015). However, how can such involvement be organised in an innovative way?

In this chapter, we aim to provide an overview of various ways to include older people in the concepting and design stages of new housing facilities. We will first consider the concepts of partnership and participation. Subsequently, we will discuss older people's expectations from participation and involvement. Last, we will describe an innovative case study on the participation of older people in the transformation of existing real estate.

Participation and involvement in decision-making

Research into citizen participation showed that the intention to involve citizens (e.g. residents, clients or patients) is not a guarantee for success for the following reasons: (1) There is often only a limited number of people who want to actively participate; (2) those who want to be active do not always have the skills required to do so; and (3) people who do want to participate and have the required skills are not, by definition, representative of those they claim to represent (van de Bovenkamp et al. 2013). Various methods can be distinguished that should facilitate participation (van Hoof & Boerenfijn 2018), but the effectiveness and quality of such participation has never been properly determined (Michels 2018).

Thus, we use the widely used participation ladder (Arnstein 1969) as a starting point in shaping the various roles that residents could play in new initiatives (see Figure 9.1). The rungs of this ladder are dealt with in more detail later in the chapter. More recently, the Handbook for Participation for Older People in Care and Welfare Projects has been drawn up from the Dutch National Program for Elderly Care (Vossen et al. 2010), in which comparable roles are distinguished (from 'listener' and 'adviser' to 'client'). Since the participation ladder is still part of the 'state-of-the-art' in the international literature, such wording is in line with the classical terminology. There is no ideal form of participation that is suitable for all situations; the level of participation that is appropriate depends on the goals, wishes and skills of those involved. The use of the participation ladder is relevant and important because of the aforementioned bias for existing structures; this ladder prevents certain forms of participation from being overlooked in advance. In the next section, the different levels of participation will be elaborated based on examples from
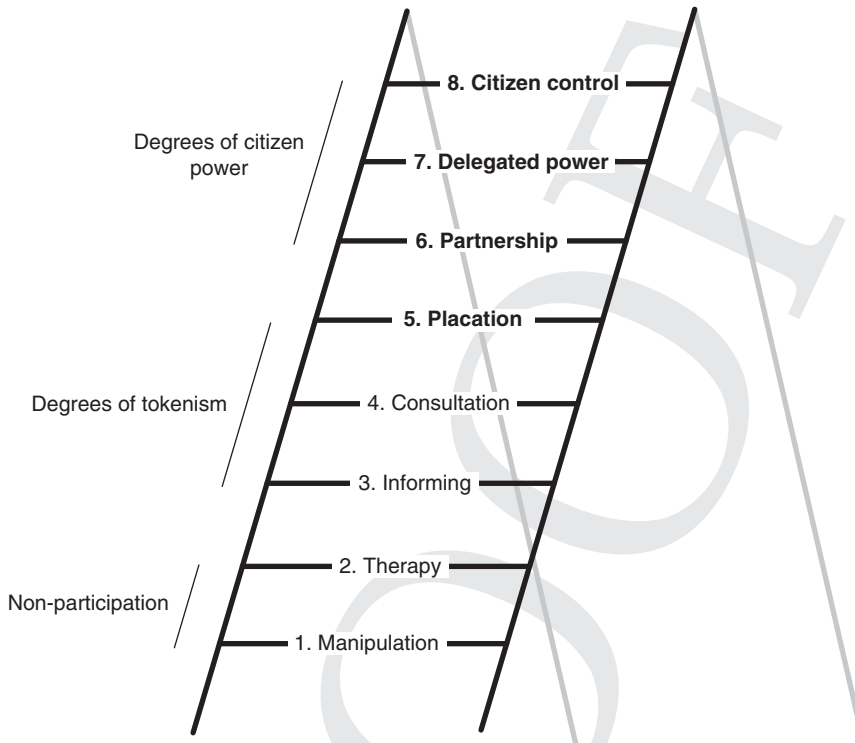
Figure 9.1 The eight rungs of the ladder of citizen participation.

Source: Taken and adapted from Arnstein (1969, p. 217).

the literature. The levels of participation range from non-participation at the bottom, to degrees of tokenism, that is, the passive inclusion of people, to a degree of citizen power in which people are truly participating (partnership, delegated power and citizen control).

The main questions are what are the methods and instruments through which older people can be involved in concepting and designing new housing concepts, and what are the advantages and disadvantages of these methods for practice and for older people themselves?

What do older people expect from participation and involvement?

People have different ideas and preferences regarding participation (Bagchus, Dedding & Bunders 2015; Dedding & Slager 2013). Dedding and Slager (2013) stressed that participation is a situational, interactive process, in which

a dialogue between stakeholders takes place. Therefore, in each specific context, people have their own expectations, needs and wishes during the process.

Groot and Abma (2018) found that different generations of older people have different preferences and needs in the participation process, linked to their particular generation. When conducting an age-friendly city project in Amsterdam, Groot and Abma (2018) found that people from the baby boom generation (born in 1940–1955), known as baby boomers, were eager to work together and participate as co-researchers. They seemed driven by action; they were motivated by creating social change and seemed to find ownership important. A conflict emerged when the other stakeholders involved took credit for the participants' work, which was resolved by re-establishing ownership. Another example is an action research project by Baur and Abma (2012). A group of nursing home residents (82–92 years old) was brought together to improve their living conditions. They seemed a bit shy and cautious to speak at first, and building trust was important. Initially, they seemed to play down their complaints, but over time, they felt freer to speak when they found that other residents felt the same. The sociality of the process was important to them. In participation, some older people may be hindered by physical or mental limitations or may experience a feeling of not wanting to complain due to their personal and cultural background. Nevertheless, this does not mean they do not have needs or ideas that they want to be taken seriously (Bagchus, Dedding & Bunders 2015; Baur & Abma 2012; Groot & Abma 2018; van de Bovenkamp et al. 2013). Moreover, this does not mean they cannot or do not want to participate in more active ways, as Baur and Abma (2012) showed in their example. In their study, an active form of participation was facilitated and the group's empowerment was enhanced.

When examining the roles older people could, and may want to, take on during the participation process, the aforementioned participation ladder by Arnstein (1969) can be a useful tool (Figure 9.1). The rungs show the level of influence participants can have – the higher they are on the ladder, the more power the group has in determining the end product.[3]

As regards the level of *consultation*, older people could provide information about their wishes and needs. Methods that are often used at this level of participation are surveys, interviews and focus groups (Michels 2018). Consultation frequently requires a relatively limited amount of time and effort from participants and could be an accessible way for different groups towards sharing wishes and needs (PGOsupport 2019). One level higher is the level of *placation*, where older people could also be asked to give advice. This level would often call for the participant to play a more active role, and often requires more time and skills, depending on the situation and method (PGOsupport 2019). However, the formed advice does not have to be followed and the power still lies with the other stakeholders (Arnstein 1969). Both consultation and placation pose a risk of 'tokenism', in that researchers or stakeholders want to give – or say they give – older people a voice, but there is

no place for older people's actual wishes and needs or they are just overruled (Dedding & Slager 2013). In meaningful participation, all perspectives influence the decision-making process (Dedding & Slager 2013).

On the higher rungs of the ladder, the level of power increases. In *partnership*, older people would have equal power, and they can negotiate or collaborate with other stakeholders. This participation can take different forms. Older people could become project members from an early phase onwards. In the example of Groot and Abma (2018), the baby boomer participants became co-researchers in investigating the age-friendliness of their city and they formed a link to more vulnerable groups in the neighbourhood. On the highest rungs of the ladder (*delegated power* and *citizen control*), older people could have more influence than other stakeholders on the decision-making process. These higher levels of the ladder often require participants to have specific skills, which could exclude certain groups of people and raise questions about representation (PGOsupport 2019). However, this does not always have to be the case, as is observed in the example of Baur and Abma (2012), in which the nursing home residents formed a partnership and the researchers facilitated empowerment. The employment of creative methods and creating a more responsive environment could be key to establishing meaningful participation (Dedding & Slager 2013).

It is valuable for all parties to talk in an early stage about the roles they will take in the participation process. Parties involved often have different ideas about goals, tasks and responsibilities, which may lead to misunderstandings, disappointments or conflicts (Montreuil, Martineau & Racine 2019). To improve participants' ethical engagement, it is important to consider establishing a shared vision about: (1) The roles and the goals of participation; (2) the process and method; and (3) the practical aspects (Montreuil, Martineau & Racine 2019).

Several prerequisites and success factors have been identified for an equal, constructive cooperation between older people and professionals (CSO 2012; CSO & Zorgbelang Nederland 2012):

- Recognition of the participation of older people, right from the start, as a prerequisite.
- Clear agreements about objectives, tasks, responsibilities and decision-making powers and evaluation of these agreements over time.
- Reservation of time and necessary resources to shape participation.
- Taking account of specific needs, ranging from the availability and accessibility of information to physical limitations or organisational capacity.
- Provision of necessary organisational, substantive and strategic support.

Further, equal, constructive cooperation between older people and professionals also requires an attitude that understands participation as a two-way street, in which both sides can discuss and adjust plans and ideas,

and that recognises and appreciates differences of opinion, including the differences among older people themselves. Having an attitude of openness towards the initiatives of older people themselves, and towards their knowledge and experiences, is important, in which professionals and older people view each other as equal partners with different backgrounds, experiences, insights and expertise.

Regular feedback should be provided to participants about what has been done with the input of those involved, and how this has influenced the decision-making or the further design of a project. In the same way, regular contact should be maintained with the wider target group and results should be disseminated not only to those directly concerned but also to the wider community (CSO 2012; CSO & Zorgbelang Nederland 2012).

With regard to the participation of older people with a migration background, many additional points of attention can be formulated. Older people should be involved at the earliest possible stage, at the very first moments of conceptualisation, to make them co-owners of the project or initiative in question (CSO & NOOM 2012). Taking the participation of older migrants seriously requires participation to be shaped in a way that does justice to their life world and life experience. Too often, projects are organised in a way that takes little account of the possibility that older migrants may need a more culturally sensitive form of contact. It requires a proactive attitude and active engagement, meeting people in their own environment, using the communication channels and forms of communication that are common in the various communities. An additional problem may be that the number of (potential) volunteers among older migrants known to organisations is often still relatively small, with the risk that often it is the same people who are invited to participate and who, therefore, may be over-asked. It also may lead to a one-sided view of the target group. It is important to recognise the diversity among older people with a migration background and prevent the same person from being asked to speak on behalf of the very diverse group of older migrants (CSO & NOOM 2012).

Last, Machielse et al. (2017) described seven conditions for a 'vibrant residential community' that promote the self-organising capacity and active involvement of residents and enable them to develop their own initiatives:

1   Commitment of the organisation(s) involved to the objectives of the initiative and the willingness to cooperate with residents and to facilitate them.
2   A clear picture of the existing situation – the living environment, the structures, the needs and the preferences of residents.
3   Formulation of clear and realistic goals, based on a clear understanding of the current situation.
4   The presence of a group of motivated residents, who are open to new ideas, willing to offer space to other residents and, if necessary, to

support them; who are able to set activities in motion and to attune them to the needs and pace of other residents and, by doing so, gain support for the initiative.

5   Clear communication to residents, creating clarity about the background, objectives, tasks and responsibilities.

6   The availability of an open and accessible common space where residents can meet.

7   The support of a facilitating professional, aimed at activating and supporting the residents' capacity for self-organisation.

Innovative case study: participation in social housing

The Netherlands has a long tradition of social housing, encapsulating social housing associations that provide housing to people with limited financial resources. A niche in the domain of social housing is formed by real estate encompassing residential houses and nursing care facilities for older people. One of the social housing associations specialised in housing for older people is *Habion*. *Habion* is involved in several transformation projects in which vacant residential care homes are being transformed into a community for independent living. Every transformation project must start from scratch, although experiences from previous transformation projects are considered because there are some returning themes that are shared by residents (van Hoof & Boerenfijn 2018). Such transformation processes are rather iterative, and that is the reason *Habion* has tried to turn the experiences of the past five years into a methodology coined Røring (based on the Dutch word *reuring*, which means bustle, commotion or buzz) (Boerenfijn 2017; van Hoof & Boerenfijn 2018). This methodology enables a plan to be created, and transformations to commence within a one-year period. The innovation focuses on the process of change emerging from the co-creation of participants and aiming at achieving goals in new ways (Sharra & Nyssens 2010). Røring is a sequential methodology that involves a kick-off meeting to facilitate and inspire participants, followed by workshops leading to data analyses, translating to a greater understanding of the needs and requirements, which, in turn, will be integrated in the implementation and realisation phase, followed by a formal evaluation (van Hoof & Boerenfijn 2018). Throughout each phase, feedback is required from residents in a bid to stimulate the 'life and soul' of the process (Figure 9.2). It is important that all current and future residents are at the forefront of these plans and discussions, which, in turn, enables them to express their expectations, needs and wishes.

All existing and prospective residents need to be supportive of any plans, in conjunction with participating care and welfare organisations, which, in turn, creates a commitment for a new attitude and culture within the physical space. The methodology revolves around a positive, shared working goal across all interested stakeholders. It is similar to rung 6 of the participation
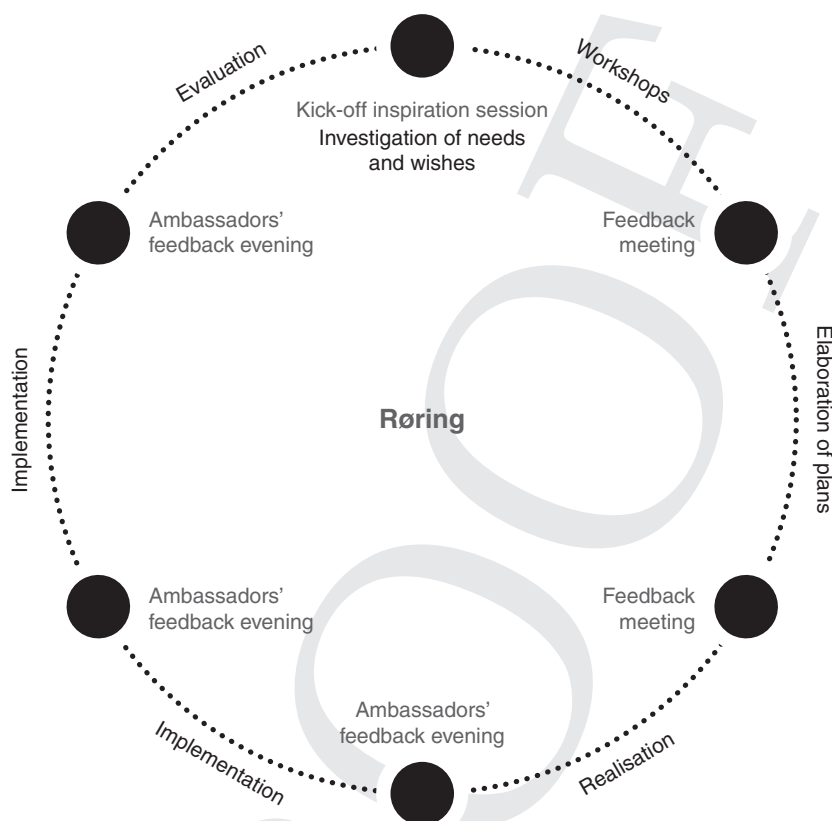
Figure 9.2 The cycle of the Røring methodology as applied in Second Youth projects (van Hoof & Boerenfijn, 2018).

ladder (*partnership*). Partnership is redistributed through negotiation between citizens and power holders. Planning and decision-making responsibilities are shared, for instance, through joint committees.

The methodology enables people to change and evolve their attitudes and approaches during the process itself, while the experience of the buzz is created in the building that is being transformed. By deploying the Røring methodology, *Habion* ensures it undertakes a collaboration with the existing local communities and (future) residents to identify the needs, requirements and wishes of older people as well as solutions to meet these needs and requirements. The methodology enables *Habion* to engage in co-creation workshops with residents and collaborative partners to ascertain new housing concepts.

The Røring method is one example of a way to establish co-creation between tenants, residents and their families, the local community, long-term care organisations, municipalities and the housing association, which increases active stakeholder participation. In practice, the added value of the method and the quality of its outcomes are also dictated by the willingness of stakeholders to participate, and the level of participation, that is, the amount of useful data shared with a transformation team.

Afterthoughts and recommendations

This chapter describes different levels of engagement of older people in the design processes of new housing concepts. We should, however, also acknowledge that ageing in place goes beyond appropriate housing. A healthy physical and social living environment is just as important. Until date, spatial planning processes often take place without the active engagement of older people. Consequently, their needs and preferences are often insufficiently addressed in spatial planning (Verdonschot, Wagemakers & Den Broeder 2018). Moreover, in those cases where they are consulted, participation is mostly limited to relatively healthy older people. More frail older people – for instance, those who are chronically ill, or have a low socio-economic status or a migration background – participate even less in spatial planning processes (Houwelingen, Boele & Dekker 2014). It is, therefore, recommended that, to facilitate ageing in place, the engagement of older people should be realised both in the design processes of new housing concepts as in the direct living environment. The first steps in this direction are currently being undertaken by the Dutch National Institute for Public Health and the Environment in the project 'Working together on healthy design principles with a special focus on (frail) older people'.[4] An important aim of this project is to identify the methods currently being used to engage older people in spatial planning and the experiences of different actors (including older people, community policy officers and researchers) with these methods. The outcomes of this inventory will be incorporated in a roadmap for healthy design for older people, including the relevant steps for healthy design, healthy design principles and the related evidence-base.

van Hoof et al. (2020) postulated that when designing social living environments for older people or age-friendly cities, features may be introduced – intended at improving the quality of life of older people – that may actually be based on age-stereotypes, both positive and negative ones. In practice, the phenomenon of ageism may interact with the age-friendly developments, which may sound counterintuitive, given that the process of a city towards becoming age-friendly is often perceived as something positive. Ageism as a concept was coined by Butler (1969), who referred to it as prejudice based on age. In contrast, the recognition of the mere existence of implicit and explicit ageism in the built environment and its potential impact on the design of

age-friendly cities are understudied and unexplored domains, thereby urgently raising the importance for stakeholders to address the concept. One example of explicit ageism in the urban environment is poor or absent accessibility for older people, who are often completely ignored by architects, designers and urban planners (van Hoof et al. 2020). This is the reason it is so relevant to actively include older people in the decision-making processes regarding new housing and urban planning concepts.

The participation of older people in decision-making concerning new housing concepts can occur through the various rungs of the participation ladder. The higher up the ladder, the more the participants can be involved and their voices be heard. The success of the innovation rests on not only the level of participation and involvement of a wide variety of interests – older people on the various rungs of the participation ladder – but also the beneficiaries of the innovation as well as the producers and suppliers (Murray, Caulier-Grice & Mulgan 2010). This chapter has shown that the intention to involve people is not a guarantee for success and that the recruitment of active participants is limited by a lack of volunteers or affected by the skills of potential participants. Some older people with dementia may have great challenges to be included in any type of participation process, although stimulating and engaging methods for their participation do exist (Kort, Steunenberg & van Hoof 2019). In addition, there may be a bias in the representation, which raises a question: Are the participants representatives of the group of people they wish to represent? This situation requires teams engaging in participation projects to address these potential shortfalls actively in order to make the most out of a participation project. The methods chosen for the participation of people can differ for each project, depending on its scale, the type of the housing that needs to be addressed, the number of participants and the time required for completing a design and realisation cycle.

Acknowledgements

Notes

1 A collective form of housing is a type of housing inside a larger building that has housing as its main function and consists several housing units, whereby at least two households voluntarily share at least one living space, and, in addition, each

have at least one private living space. Residents are jointly responsible for management. There is an administrative separation between living and care: There is a lease contract and a separate contract for care provision, if needed.
2 The establishment of (collective) forms of housing for older people are often initiatives of social entrepreneurship. Social entrepreneurs seek innovative solutions to social problems. A social enterprise delivers a product or service just like any other enterprise and has a revenue model. However, earning money is not the main objective – it is a means of achieving the mission.
3 Notably, it is not a goal in itself to be as high as possible on the ladder. People have different wishes and skills, and different goals might require differing levels of participation. Moreover, in different stages of a project or process, different roles may be desirable.
4 www.rivm.nl/en/about-rivm/knowledge-and-expertise/strategic-programme-rivm/ 2019-2022/environment-and-health.

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