

Large Dutch study shows positive effects of Integrated Service Areas for the elderly

This research assesses the quality of life of frail older people living independently in so-called Integrated Service Areas (ISAs). In the Netherlands, this term is used for neighbourhoods in which housing, care and social policies are integrated and professionals from different sectors work together to offer various sources of support. The idea of Integrated Service Areas has a history of more than a decade¹. Some Integrated Service Areas cover one urban neighbourhood, other areas cover multiple neighbourhoods and even whole (smaller-sized) cities. Yet other areas cover rural municipalities, including core villages and smaller settlements. The boundaries of Integrated Service Areas are not always clearly defined. From the total number of more than 100 projects that have registered themselves as such, a sample has been taken of 10 ISAs, some urban, others rural, spread all over the country.

The research was conducted between 2010 and 2012 by an interdisciplinary team of researchers from the human geography and spatial planning department of Radboud University Nijmegen, the social work department of HAN University of Applied Sciences, and the department of Gerontology of the Faculty of Medical Sciences of Groningen University. The project was financed by ZonMw, the Netherlands Organisation of Health Research and Development.

Research findings

The arrangement of Integrated Service Areas -with its core elements of homes fit (or adapted) for older residents, amenities close at hand and coordinated services - is largely appreciated by the elderly, and it enables them longer to live independently. An important finding is that ISAs slow down the pace at which older people decline when they are confronted with an increasing number of limitations, and that ISAs support them in coping with their problems. One of the reasons for this is that in the ISA's neighbourhood-based approach signals from the elderly about their health and well-being are more easily picked up, and that it offers a better coordination of support and care in a network of volunteers and professionals. Other effects are that elderly in ISAs less frequently have to be taken up in hospitals, and that adapting homes reduces the amount of home-care.

These findings have inspired the following recommendations for local policy and practice:

- Listen to what elderly want and make better use of their own potential and initiative
- Provide a due number of fit or adapted homes, with special attention for the problems of older home-owners
- Strengthen the network around older residents: that will not only stimulate their own effort, but it also contributes to early warning and to a better coordination of (additional) services that may be needed.

¹ The concept of 'age-friendly neighbourhoods', coined by the World Health Organisation in the 1990s, has prompted many country-specific initiatives aimed at the integration of care, housing and services. An overview of national contexts and examples of projects in Denmark, Germany, Japan, the Netherlands, Sweden, Switzerland and the US can be found on the web-site <http://www.isa-platform.eu>. Integrated Service Areas (ISAs) is a generic term used by the different national centres of expertise involved in the platform.

The research can be positioned in a tradition of studies on older people's well-being in local settings. Like many of these studies, the research encompasses a broad range of indicators to measure quality of life, including mental and physical health, satisfaction with housing and care arrangements, and quantity and quality of support networks. The study uses multi-level models to test a series of sub-hypotheses to compare the different Integrated Service Areas among each other, and the set of Integrated Service Areas to 'normal' neighbourhoods. The research adds to this research tradition in two ways. First, the scale of the research: with 150 surveys conducted in ten (10) areas, the findings are based on data from 1,500 older people in different categories of frailty. Second, and most important, the research emphatically gives older people a voice – a perspective that has been applied in only a handful of studies to date. In total, 360 stories of older people were collected, 36 in each of the ten areas. This mixed method approach allowed the team to get insights into both the experiences of older people and the more systemic aspects of aging in place. Additionally, an in-depth investigation of the policy frameworks and cooperative arrangements was made for each area. This enabled the team to explain area-specific findings on the basis of the institutional set-up in the areas.

The results of the study have been published in September 2012 in a general report *Kwetsbaar en Zelfstandig* and 10 local reports, all of these can be found on the project's website www.wonenouderen.nl. More publications in English will be available soon.

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