

# Housing for older people globally What are best practices?

## An ILC Global Alliance Discussion Paper

### An e-dialogue

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#### Introduction

Shelter is a basic need, and the nature and suitability of older people's housing are key determinants of their well-being. While considerable knowledge exists on configurations of older households, or older people's living arrangements, comparatively little is known of the physical nature of their shelter and how adequate or suitable it may be for the older occupants. Indeed, as people grow older their functionality and needs may change, and some may require a more supportive environment and care. While some older people may have an array of housing options from which to choose, for a variety of reasons, including socio-economic, others may have few, or lack options.

Housing in which older people reside as well as types of housing available to them may be divided in two broad categories:

- *General housing* – comprising dwellings (houses and apartments), either owned or rented by older individuals – or a member of their household, in which the older household members reside either independently, or with family and/or others, and thus “age in place.”
- *Specialist housing* – comprising several types of shelter that are purposely built and managed for older people, such as retirement villages, group housing schemes, assisted living facilities, residential care facilities and nursing homes, in which some level of care and support services is offered to the residents.

National policy on housing for older people, where it exists, varies across countries, and shapes housing provision and levels of care/support, such as they are, for this population. Essentially, such policy indicates or prescribes which sectors, institutions and/or agencies, both public and private, have responsibility for the provision and management of housing; how the housing and care services are regulated; and the criteria for admission to different types of public housing. Although few countries have specific, comprehensive policy on

housing for older people, all make some provision for the shelter and care of vulnerable and indigent older individuals, particularly those in need of frail care.

Considerations pertaining to the suitability of types of housing for older residents at different stages and levels of functioning in the ageing process include how conducive the habitat environment, housing infrastructure and, in the case of general housing, the proximity of shops and services, etc., are to independent living, or ageing in place, as well as the availability and accessibility of care and support services, and home adaptation options to meet occupants' changing functional needs.

Finally, an assessment of the nature and suitability of older people's housing in different countries might investigate what housing models have evolved or have been developed to bridge a gulf between general housing and specialist housing for older people, among which may indeed be innovative housing models, features of which may be replicable in other countries.

Additional interrogation in such an assessment may include:

- Whether a housing policy or other policy encourages older persons' movement to specialist housing, or is geared towards their living in general housing, thus ageing in place (possibly in receipt of family care)?
- To what extent care and support services are provided, and by which agencies, to facilitate older people's ageing in place?
- Whether the national housing policy, if one exists, addresses the housing needs of older people of all socio-economic groups?
- What striking gaps exist in the availability and accessibility of suitable housing for older people, and how the gaps may best be bridged?

## **Methodology**

All centres in the ILC Global Alliance were invited to contribute papers on the housing situation of older people in their country and ten responded: the ILCs in Argentina, Brazil, Czech Republic, France, India, Israel, Japan, Singapore, South Africa and the United Kingdom (UK). Each paper addressed questions in three broad areas:

- 1) In what types of housing do the majority of older people in your country live? What is the balance, more or less, of older people who reside in general housing and those in specialist housing (for older people)? What are some positive and negative aspects of different types of housing for older residents?
- 2) What policy on housing for older people is there in the country? Does the policy encourage "ageing-in-place," or, possibly, relocation to specialist housing? Which sectors or agencies are responsible for the provision of specialist housing? To what extent are general housing dwellings occupied by older persons adapted to meet their changing needs? Are there problems attached to the specialist housing that is available to older people? What are older persons' preferences regarding housing?

- 3) What housing models in the country help to bridge the gulf between general housing and specialist housing for older people? What are some innovative housing models that may be suitable for adoption in other countries? In short, what might some solutions be, given cultural differences, different political and economic contexts, differing socio-economic circumstances and preferences of older individuals across countries, for optimal housing for older people globally?

Key thrusts of the ten papers, individually and collectively, are integrated in this discussion paper (DP). An overall aim of the project and the DP is to launch an e-dialogue on housing for older people globally. The discussion paper thus seeks to stimulate debate on various housing systems, arrangements and solutions, and how well they are meeting older people's needs (including a need for care) as well as preferences. In addition, the DP considers what types of housing work well or work less well in different countries, and to what extent they meet the demand for shelter and care for older people, as well as what may be viewed as best housing practices. The ten papers are appended to the DP, and each warrants perusal. Towards the end of the DP, readers are invited to contribute to a global dialogue on housing for older people through a blog or other comment.

## **A comparison in ten countries**

The contents of the ten papers show that older people's housing varies considerably, but in essence may be categorised as general housing (dwellings for independent living in the community, in which older occupants remain living and thus age in place) and specialist housing (forms of shelter, such as institutions and facilities, to which some older people relocate, which provide them support and/or care as needed). A review of housing types and other considerations within these broad categories in the countries has yielded interesting models and solutions. The range of housing types and particular living arrangements, including services available and accessible to support residents' ageing in place, varies broadly with different countries' level of "development" – and, by implication, the size of the older population and its proportion of the total population.

It is prudent therefore to group the ten countries in two broad categories – making use of the United Nations' nomenclature and classification: Those designated as "more developed" (MD) and those as "less developed" (LD) countries. The papers may thus be divided between six MDCs (Czech Republic, France, Japan, Israel, Singapore and the UK) and four LDCs (Argentina, Brazil, India and South Africa) – broadly, a north/south divide. A key difference in LDCs compared to MDCs is the smaller proportion of older people in the total population, and the governments' consequent lower prioritisation of older people's needs for allocation of resources – as well as the relative scarcity of resources in general.

Of the ten countries, population ageing is most advanced in Japan (its population aged 60+ of 40 million represents 31.6 per cent of the total population (all statistics are sourced from UNDESA's *World Population and Ageing 2012*), followed by France (with a population of 15 million representing 23.7%) and the UK (14.5 million representing 23%). Closely matched to the latter two countries is the Czech Republic, with an older population of 2.5 million (22.9%), followed by MDCs with smaller older populations: Israel (1.2 million) and Singapore (< 1

million), both representing 15.5 per cent of the total population. Although classified as an LDC, Argentina's older population of 6.2 million (15%) almost approximates that of Israel and Singapore in terms of proportional representation. Brazil follows with a larger older population of 21.7 million, representing 10.9 per cent of the total population, while that of India is vast: over 100 million, representing 8 per cent of the total population. South Africa has a far smaller older population, of 4 million, which represents 7.8 per cent of the total population. Although the size of the older populations of LDCs is comparatively small, the countries' populations are rapidly ageing nonetheless.

Different political, economic and social systems in the countries are also relevant to an assessment of older people's housing situation. Japan, France and the UK are leading world economies, and together with some other countries, such as Israel and Singapore, have strong welfare programmes. All ten countries have dual systems of public and private provision of housing for older people, although the extent of provision varies greatly. India and South Africa have youthful populations, and have numerous developmental lags to overcome before they can contemplate increasing expenditure on older people's housing. Both provide some level of shelter for poorest and most vulnerable older citizens in need of care. The above categorisation is broad and does not warrant further consideration here, other than serving as a framework for the review that follows.

Other considerations in an assessment of the housing situation of older people are inter-related trends noted in the papers as follow: 1) A steady decline in multi-generational co-residence (gradual "dissolution," as it were, of India's and South Africa's traditional kinship structures – the "joint" and "extended" family systems, respectively) which previously guaranteed older family members shelter, care and support; and 2) an increase in the number of households occupied by a single older person or an older couple. In Argentina, 37 per cent of the older population lives apart from family, with percentages for some of the other countries being: Brazil 23 per cent, Czech Republic 30 per cent, India 20 per cent and Singapore 18 per cent. In Israel, 68.4 per cent of older households are occupied by either a single person (32.9%) or a couple (35.5%). Older women are more likely than older men to live alone. These trends are expected to continue and have implications for national planning on housing for the older population.

## **Types of housing and their suitability**

The ten papers provide rich information on types of housing for older people, as well as the advantages and disadvantages of the types for older occupants. The papers also surmise what rationales there may be for older individuals' choice of housing. They report fairly uniformly that "more than 80 per cent" of the older population resides in general housing (either a house or an apartment) – indeed, in some cases even higher percentages: approximately 99.2 per cent in Brazil, 97 per cent in Czech Republic, 96 per cent in Israel, 93 per cent in Argentina and 90 per cent in France; in Singapore, 87 per cent occupies a public apartment. The remainder resides in specialist housing, but only small percentages (approximately 2%, with <1% in Brazil) live in a nursing care facility, or an institution.

In all countries, the majority of older persons who live in general housing owns their dwelling

– or it is owned by another household member: 83.4 per cent in Japan, 80 per cent in Argentina, 74 per cent in France and the UK, and 69 per cent in the Czech Republic. That said: in some LDCs, such as South Africa and Brazil, the dwellings may be informal structures. In Brazil, only the dwellings of 32.4 per cent of older people are regarded as “adequate” – that is, it is a permanent structure with access to basic service infrastructure; in the north of the country, only 10.2 per cent. The papers from Argentina, Czech Republic and Singapore explain that home ownership was an aspiration instilled in early adulthood, and that residential mobility, even in late life, is low. In Japan, a public home mortgage system introduced after World War II to encourage home ownership is no longer applicable, but tax reduction for mortgage repayments is still effective. While the majority of older people in Japan still prefer to own their home, and not rent one, residential mobility is increasing as older occupants downsize and move to a smaller home or apartment. In the UK, 24 per cent of households with a member aged 65+ have occupied the same dwelling for more than 40 years.

A clear trend emerged in the papers of an older people’s preference to remain living in their “own home.” (An exception is noted in countries such as India and among Indians in South Africa where there is a preference to live with the oldest son, or else with a daughter, failing which to live on one’s own – in a retirement complex, if possible.) A preference to live at home is often qualified with a wish expressed to have a child, or children living nearby to act as a primary caregiver should a need arise (see e.g. the paper from Israel). In Japan, 66.4 per cent of older people want to continue living in their home even if or after their health declines. By implication, the availability and accessibility of domiciliary care services in the community in which older people reside can go a long way to enabling them to do so – in all countries.

It is indeed salutary that the majority of older people continue to live in their own home, in familiar surroundings, and do not plan to relocate to specialist housing, unless something untoward intervenes. However, some papers refer to waiting lists for specialist housing on which older people put their names in anticipation of a future move, likely based on need. In certain countries (e.g. Czech Republic), older people are indeed reported to move to residential care before they actually need it – which move could be delayed or avoided, it is suggested, if domiciliary care were available. Indeed, a lack of such services may be a prime driver of application for admission to a sheltered care facility. Conversely, services that are available and accessible, and a barrier-free environment – which includes access to transportation, can contribute significantly to ability to age in place. Levels of services delivered to dwellings and in communities reported in the papers are perhaps most noteworthy in Japan and Israel.

Home adaptation to meet the changing needs of older occupants of general housing is mentioned in virtually all papers. Some countries have programmes to assist older households to adapt their dwelling: Japan compensates home owners for home adaptation from its Long-term Care Insurance fund. France pays an allowance to dependent elderly persons to acquire technical aids to prevent further loss of autonomy. Czech Republic offers a lump-sum, means-tested social benefit for this purpose – but reportedly targets persons with a disability more than seniors. In Israel, home adaptation is spreading, through personal

efforts, or those of municipalities, welfare agencies and the Israel National Insurance Institute. Brazil is singular among LDCs in its focus on reducing architectural and urban design barriers, at the same time highlighting the problem of “inaccessible” home environments (and challenging geographic terrains) for people with diminished mobility.

Accessibility of the habitat and built environment as a contributor to housing suitability and satisfaction, and occupants' quality of life is an important consideration in an assessment of the older people's housing. Several papers (e.g. those from Argentina, France and South Africa) refer to the run-down nature of dwellings occupied by some low-income older people, typically in inner-city areas; the dwellings are sometimes described as "obsolete." That said, opportunities abound for planners and developers to refurbish existing housing stock, as well as to design new specialist housing developments, and to make habitat environments barrier free and "elder friendly". The papers from France and Czech Republic refer specifically to the role new technology can play in improving older people's housing and living environments, and in supporting ageing in place. The papers from South Africa and Brazil poignantly highlight the informal structure of many of the dwellings, and the parlous underdevelopment of the urban environment in which numerous low-income older people in those countries live.

Finally, a cogent argument to be made for older people to remain living in their own home and familiar surroundings is that doing so will enable them to stay socially connected – and thus they may be encouraged to “stay put.”

*The more quality public services and barrier-free dwellings there are, the more the urban environment is inclusive of seniors, the greater the opportunity they will have to age in place and to participate fully in society.*  
Wija & Holmerová, ILC Czech Republic

Nonetheless, a fifth to a quarter (or fewer) of older people are indeed likely to relocate to specialist housing. Drivers in this regard are fairly similar across the countries, and primarily include economic vulnerability, rising costs of living in general housing, an absence of family members to support an older relative, and a need for a higher level of care, or anticipation of such a need in the future. In the Czech Republic, drivers include the escalating costs of general housing, rent deregulation and the privatisation of public housing, which have led to retirees spending on average 30 per cent of their pension income on housing. Low-income households in that country may be eligible for a housing allowance. In the UK, it is felt that information on housing options and support services available to sustain independent living is not communicated optimally to older people who are contemplating relocation. An objective of Japan's reform of its rental housing law in 2012 was to reduce a demand for admission to a long-term care insurance facility.

On the other side of the coin are high costs attached to specialist housing which may constitute barriers for numerous older people considering a move. Rental fees for residence in specialist housing, the costs of services that come with it and the cost of purchasing a unit in a retirement village, for example, are unaffordable to many. A shortage of suitable and affordable sheltered housing units also contributes to the inaccessibility of such shelter for many. Older persons who lack means and seek "cheap" housing may land up in unlicensed

and unregulated facilities such as "lodging houses." Low-income older people who lack shelter and need care are thus particularly compromised, but may be helped through government sponsored programmes. In most countries, financing of institutional care in public facilities is shared by two or more government entities, with residents or their family paying a partial fee.

## **Policy on housing and the provision of specialist housing**

In general, all MDCs from which papers were received have well developed "policy on housing for older people" in some form or the other, albeit often within a long-term care law (e.g. Israel) or long-term care insurance act (e.g. Japan) – the latter focusing on older people who live at home. The instruments provide specifically for dependent and partially dependent persons to receive various services. Policies may provide separately for housing owned or rented by the occupant/s. Although certainly assuaging a concern about the well-being of older people no longer able to live independently, the policies essentially focus on institutional care arrangements, but are also generous to varying degrees in the form of financial support which they provide for: allowances and benefits payable to eligible persons towards meeting housing and care costs (see e.g. the paper from France).

By contrast, LDCs tend not to have specific policy on housing for older people (certainly not Argentina, India and South Africa). Although provision is made for adequate housing for older persons, including specialist housing, within Brazil's National Policy on Ageing and the Statute for Older Persons, implementation of the policy is felt to be inadequate. The governments of India and South Africa have relied on rhetoric, as it were, to promote ageing in place – which then serves as a policy guide regarding housing. What policy there is in these countries in this regard mainly circumscribes who is eligible for residential care, where 24-hour nursing is required, and thus who may be admitted to a state subsidised, or sponsored institution, and how the institutions should be regulated. Interestingly, both countries limit the percentage of the older population who may be admitted to one of these facilities, to 2 per cent. India has a clear policy on adult children's obligation to provide care and shelter for elderly parents who lack means (as does Israel have such a policy). Brazil and South Africa have policy that explicitly states that older people should reside with family (or independently) for as long as possible. Faced with multiple other priorities for fiscal expenditure, the governments of LDCs may indeed shy away from formulating specific policy on housing for older people, to avoid a commitment to finance implementation of such policy.

Most papers indicate which ministries in the country have responsibility for housing for older people. Interestingly, two (or more) ministries are typically involved: A ministry with a specific general housing mandate and a ministry responsible for social aspects, or social and welfare services to eligible older people, and/or the health ministry. In some cases (such as Japan), ministries co-operate in the area of housing and care for older people. Several papers refer to the devolvement of responsibility for the implementation of housing policies and programmes to local governments. Indeed, the role that local governments or municipalities have to play in planning for and allocating housing to older persons is mentioned frequently (e.g. Czech Republic). The paper from Japan demonstrates how local government community centres can serve as comprehensive counselling locations, and act as co-

ordinating agencies and sites, with a network of local organisations providing services.

The regulation of norms and standards to ensure quality care is provided in sheltered housing facilities is mentioned by all authors. In Israel, a new law in this regard is to be passed in 2013, and will guarantee the personal and financial rights of occupants. France has passed several laws since 2001 aimed at improving "frail care" and strengthening integrated care for older people as a whole. However, some papers mention that comparatively few restrictions apply to privately established and managed facilities for older residents.

The types of specialist housing in the ten countries are described in considerable detail. In Japan, the types range from residential facilities, to welfare facilities, to long-term-care insurance facilities, and each is shown to provide a different set of carefully structured services to meet residents' particular needs. Residents are admitted to the type of facility that is tailored to meet their care needs. Welfare facilities have the widest mandate to provide government aid to the poor. Japan foresees an increase in the demand for long-term care insurance facilities (three sub-types), which public organisations provide a combination of welfare and medical care with costs borne through long-term care insurance.

A central assumption with all specialised housing for the older population is that some services are provided to residents. At a most basic level, the services may be divided between welfare or social support, domiciliary care (help with activities of daily living) and nursing care (24-hour nursing), depending on the purpose of the facility. Considerable variation exists therefore in service packages provided. Some countries are progressive with special efforts made to integrate care services delivery – France, Israel and Japan, in particular.

The provision of specialist housing has proliferated everywhere in the past two to three decades, in the private sector in particular. Entrepreneurs and developers are seizing opportunities they find lucrative to service this market: not only in MDCs but in LDCs as well. By its nature, the private specialist housing market targets people with sufficient means to purchase or rent such housing. In several countries the housing is marketed as "life-style" housing and as offering "wellness" benefits. A trend is noted in some countries, however – for example the UK, of a reversal in the popularity of retirement villages which proliferated in the 1980s and 1990s. Another burgeoning enterprise lies in NGO owned and managed sheltered housing – which typically provides care services as well.

The above said: a hiatus remains, and poses challenges for addressing, in the provision of affordable "socio-economic housing" for the "older mass market," or a gap market, of low-income older people who lack sufficient means and do not own a dwelling, but who may nevertheless be able to pay a low monthly rental and for basic services in "no-frills" sheltered housing schemes.

## **Innovative housing models**

In short, specialist housing in the ten countries includes several forms, ranging from

retirement villages, to communal or group living schemes, to residential care facilities, as well as several types of institutions which offer medical or nursing care. Virtually all types of sheltered housing have innovative features. Burgeoning concepts in this category are co-housing and shared housing. Although not all papers identified innovative housing models as such, several interesting models are described and may well merit consideration as being "innovative," and constituting a potentially viable model and option for adoption in other countries.

The paper from France describes a large number of innovative housing models – the majority of which may be classified as general housing, but have built-in elements to support a "live at home" care concept, or "innovative" features and sheltered housing characteristics themselves. Several forms of shared housing described are in fact intergenerational – itself an innovation. Some innovative housing schemes in France are still "experimental." All warrant careful scrutiny.

*Seniors are willing to experience new habitats as long as their independence is preserved.*

Brieu *et al.*, ILC France

An innovation to support ageing in place – in general housing, such as that established in Japan, is an integrated, total care support system which provides long-term care, medical care, preventive services, daily support services and secure housing alike, including regular home visits and responses by professionals as needed. The role that community centres can play as sites for integrating, or co-ordinating services is highlighted. The development of rental housing is part and parcel of this integrated care system.

Singapore's Housing Development Board is constructing 45m<sup>2</sup> "elder-friendly" studio apartments, sold on 30-year leases to persons aged 55+. How satisfactorily the scheme is meeting tenants' needs is yet to be ascertained, given that Singaporeans value home ownership as future inheritance for their heirs.

India is developing integrated townships with retirement community complexes which aim to assure residents they need not feel isolated and alienated from the mainstream population.

In Brazil, subsidised apartment buildings are being constructed for low-income older people, including a housing complex of 20 universally designed houses which has a social centre with computers to ensure digital and social inclusion. Brazil also has initiatives to make services more age-friendly, to support older persons who age in place, such as training programmes for carers.

In the UK, extra care housing is one of the fastest growing housing models. Comprising ergonomically designed independent housing units with common spaces, facilities and care services, key features of the model are flexible care, self-contained dwellings, homeliness and 24-hour care if needed.

An innovative feature to support ageing in place (in general housing) is information and

communication technology (ICT), such as alarm systems, mentioned in the papers from Czech Republic, France and Israel. While ICT indeed has a role to play in optimising the suitability of housing for older people and promoting ageing in place, challenges may pertain to its use and wide adoption by residents. Nonetheless, the concept is innovative and future oriented, and merits consideration.

Numerous other innovations and housing models were described, and only single models are mentioned here. Ultimately, the design and development of innovative housing models primarily falls in the purview of developers of “for-profit” specialist housing, but opportunities exist simultaneously for numerous civil society agencies and indeed public agencies to develop such models.

## **Best practices**

No "perfect" housing solutions exist for older people and no single housing solutions necessarily constitute best practices across countries. It may be accepted nonetheless that "proven" housing models in different countries indeed represent best practices in their national context. Moreover, older people across the world have different cultures and particular preferences regarding living arrangements in late life, as well as differing socio-economic means – and thus different housing options, or decisions they are able to make on where to live. Hence, housing solutions may be viewed on a continuum of older people's (care) needs, as these may change over time, commensurate with a diminution of physical and mental functioning leading to a need for a higher level of care and support, as well as with changes in their financial situation. At the same time is a growing demand for domiciliary care services to support older persons who aspire to age in place. Best practices in housing for this population may therefore be considered within broad areas of such need and preference, as well as in terms of the availability and accessibility (including affordability) of housing types, and conjoint community or domiciliary care services. Clusters of factors that arguably contribute to optimal housing and care, in general housing and specialist housing (which may then conceivably constitute “best practice”) are shown below. The majority of factors are universal, and thus apply in both MDCs and LDCs.

- Global instruments, such as the *Madrid International Plan of Action on Ageing 2002*, and national policies promote ageing in place, which supports the concept of independent living in an owned or rented dwelling, either shared or solitary living, in familiar surroundings, to enable social connections to be retained for as long as possible – or until such time as an individual is in need of a higher level of care. Such dwellings typically fall in a general housing category, but may have specialist housing features, yet exclude institutional care facilities. Home ownership in late life, therefore owning an asset, has the advantage of affirming the owner's financial security. Ideally, general housing dwellings are adapted at some point to meet older occupants' changing functional needs. Assistive devices fitted for this purpose may increasingly include ICT. The availability and accessibility of home care and other services, and having shops and facilities nearby to support instrumental daily living activities (IADL) can optimise capacity to age in place. The built and social environments in which dwellings are located and older occupants live should be conducive to their well-being and quality of

life. Public assistance with specific forms of general housing for older people varies with national contexts.

- Sheltered housing encompasses a wide range of housing solutions, a key element of which is a level of care (and/or support) made available to residents commensurate with their needs. Types of services offered are broad ranging – and while particular facilities are not singled out as best practices on their own, all are solutions on a continuum of types of facilities that provide care and support, albeit at varied levels, in particular local or national contexts. All target and service the needs of particular groups of individuals at a specific stage in the ageing process. Some sheltered housing models are common in several countries. Some have innovative features and some are still experimental.
- Nursing homes have an important function, and a place at the far end of a continuum of care facilities, in that they offer a combination of shelter and high level (nursing) care for frail and other functionally compromised older persons. Some are specialised facilities, in that they provide shelter and care specifically for persons with dementia or who are handicapped, for example. Undoubtedly a best practice in terms of their function and the model they constitute, the institutions are not considered further here as a housing best practice in the conventional sense (their primary purpose is to provide nursing care – albeit in a residential setting), but indeed warrant separate, in-depth assessment in this regard.

*[Parties should] enable elderly persons to choose their life-style freely and to lead independent lives in their familiar surroundings for as long as they wish and are able, by means of provision of housing suited to their needs and their stage of health, or of adequate support for adapting their housing; the health care and the services necessitated by the state.*

Additional Protocol to the European Social Charter of the Council of Europe.

Quoted by ILC Czech Republic

## Conclusions

Main thrusts of the ten country papers, and their distillation and discussion in the DP are summarised and serve as tentative conclusions of the project thus far, pending global dialogue which is invited below.

The majority of older people (more than four-fifths) reside in general housing (their “own home”) and age in place in familiar surroundings. Typically, their dwelling is a house or an apartment. In some contexts the structure of the dwelling and the nature of the habitat environment may be wanting and not conducive to older residents’ quality of life. Several initiatives are under way globally to adapt built environments and housing to be barrier free and “elder friendly.” A growing trend is for older persons, women in particular or a couple, to live alone – and to no longer co-reside with family members. In some countries (mainly MDCs) dwellings are fairly routinely adapted to meet older occupants’ changing functional needs, with or without financial help from the government. In LDCs no such programmes

exist for general housing, but both private specialist housing and publicly subsidised housing, new developments in particular, tend to be elder-friendly, although variably. Considerable variation exists in the levels of services provided in sheltered housing, ranging from comprehensive ("all inclusive") service packages, to simply social and security services.

Specialist housing encompasses numerous forms of shelter, ranging from retirement villages, to group housing schemes, to assisted living facilities, to institutions for long-term care (of which several sub-types exist, offering different levels of specialised care). Such housing is provided and managed in both the private and public sectors. The governments of countries with well developed economies allocate substantial resources to support public specialised facilities and care services. In some cases, the costs of services are underwritten through long-term care insurance.

The provision of specialist housing presents attractive opportunities to developers and entrepreneurs. Numerous shelter housing schemes are managed by NGOs. While the demand for housing for older people with sufficient means may be adequately met at present – speaking broadly, in virtually all countries the provision of housing for low-income older people appears to be inadequate, or may not meet the future growing demand. Factors contributing to some older persons' increasing economic vulnerability and consequent limited housing options need to be considered and addressed.

Countries tend to lack specific, or dedicated policy on housing for older people, but provision is made for housing and care of certain older groups, albeit variably, within other policies. Countries in LDCs tend to lack coherent policy in this regard, and given the anticipated effects of demographic change, the governments should indeed formulate a policy, if only to give impetus to a range of private and public strategies to meet the growing need for shelter in this population.

This discussion paper has indicated numerous housing types and models, each which works successfully to a degree, but in many cases exemplarily, in the country from which the paper in which they are described emanated. Several types, as described, may stimulate consideration of their merits for adoption in other countries. Best practices in housing for older people have purposely not been identified as such, but clusters of pertinent factors that conceivably contribute to best practice (including the suitability and viability of different housing types and their environment, in terms of meetings residents' (changing) needs and preferences, and enabling ageing in place) have been shown.

## **An e-dialogue**

Findings of this review of the housing situation of older people in ten countries have policy implications that warrant debate. Readers of this discussion paper and the appended country papers are invited to participate in a dialogue on gaps in the DP and in housing provision for this population in general – as well as to indicate what indeed in their view constitute best practices.

Although no structure is suggested for participants' input as such, they may wish to respond

broadly to the questions put to the authors of the country papers (listed early in the DP), as well as findings in the discussion paper. Essentially, readers' input might indicate, consider or comment on:

- What types of housing for older people there are in their country, and what are positive and negative aspects of the housing for older occupants?
- What policy on housing for older people exists in their country, and how it might be reformed?
- What the extent of provision of specialist housing for older people there is in their country, and how satisfactory and/or innovative various housing models are?
- What may be viewed as best practices regarding housing for older people in countries in different geographic regions, or globally?

To read the ten individual country papers, please click [here](#) or use the URL below.

[http://www.ilc-alliance.org/index.php/reports/report\\_details/housing\\_for\\_older\\_people\\_globally\\_what\\_are\\_the\\_best\\_practices\\_an\\_ilc\\_global](http://www.ilc-alliance.org/index.php/reports/report_details/housing_for_older_people_globally_what_are_the_best_practices_an_ilc_global)

Readers are invited to participate in an e-dialogue on the ILC Global Alliance website. To add your comments, please click [here](#) or use the URL below.

<http://blog.ilcuk.org.uk/2013/05/22/housing-for-older-people-globally-what-are-the-best-practices-an-ilc-global-alliance-e-dialogue/>

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