

# ISSUE FOCUS

## Older Persons and the Right to Adequate Housing

ASEM Global Ageing Center





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### **ASEM Global Ageing Center**

13F, Seoul Global Center Building, 38 Jong-ro, Jongno-gu, Seoul, Republic of Korea

+82 (0)2 6263 9800

[asemgac@asemgac.org](mailto:asemgac@asemgac.org)

[www.asemgac.org](http://www.asemgac.org)

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We would like to express our gratitude to the AGAC Issue Focus Advisory Group – Jung-Hwa Ha at Seoul National University; Sabine Henning at the United Nations Economic and Social Commission for Asia and the Pacific; Mijin Lee at Konkuk University; Silvia Perel-Levin at the NGO Committee on Ageing in Geneva; and Margaret Young at the Global Alliance for the Rights of Older People. They provided general guidance on the outline and theme of this report.

Valuable insight and input were provided by the contributors to this issue – Bev James MNZM at Public Policy & Research; Laura Mills at Amnesty International; Rochelle S. Agualin at the Coalition of Services for the Elderly; and Sojung Park at Washington University in St. Louis, Byeongju Ryu at Boston College, Sehyun Baek at Washington University in St. Louis, and Ahra Ko at Yonsei University.

We hope that this edition will inspire advocates for the human rights of older persons around the world and contribute to improving their quality of life, particularly in relation to the repeatedly violated right to adequate housing. We urge the international community to examine this issue in depth, paying particular attention to the report *Older Persons and the Right to Adequate Housing* by the Independent Expert on the enjoyment of all human rights by older persons, Claudia Mahler, and relevant articles from AGAC and the National Human Rights Commission of Korea's Policy Forum on the Human Rights of Older Persons.



**Eun-Hee Chi**

Executive Director, ASEM Global Ageing Center (AGAC)



## AGAC ISSUE FOCUS ADVISORY GROUP

**The AGAC Issue Focus Advisory Group** is a group of experts focused on ageing and the human rights of older persons. They advise on the themes and topics of Issue Focus publications and provide feedback on the volumes. The advisors share their insights and views, bringing to bear expertise from around the world. Issue Focus addresses issues and agendas of ageing that are relevant to all ASEM partners.

### Members of the Advisory Group

#### Jung-Hwa Ha

Jung-Hwa Ha is a professor in the Department of Social Welfare at Seoul National University. Her research interests include ageing and life course, social and behavioral determinants of health and mental health, social support, stress and coping, bereavement, end-of-life care planning, and dementia care.

#### Sabine Henning

Sabine Henning is chief of the Sustainable Demographic Transition Section, Social Development Division at the United Nations Economic and Social Commission for Asia and the Pacific, leading work on ageing, youth, estimates and projections, international migration, population and development, urbanization, and project management.

#### Mijin Lee

Mijin Lee is a professor in the Department of Social Welfare at Konkuk University. She is interested in elder mistreatment, including resident-to-resident abuse and institutional abuse, family caregiving, care workers, and social participation in later life.

#### Silvia Perel-Levin

Silvia Perel-Levin chaired the NGO Committee on Ageing in Geneva for eight years, until April 2022, and currently chairs its subcommittee on the Human Rights of Older Persons. She has worked in the fields of human rights, ageing, and health for over 20 years, with special research interest in violence, neglect, and abuse.

#### Margaret Young

Margaret Young is chair of the Global Alliance for the Rights of Older People and the founder of Age Knowble, a Canadian social enterprise. Her work centers on the rights and human development of older people and regards intersectoral collaboration as key to achieving social change and social good.

## CONTRIBUTORS

**Bev James MNZM** holds a PhD in sociology and is a leading researcher on housing and ageing well in New Zealand. Her career spans over 30 years in academic and local and central government policy and research, as well as consultancy roles. Her main research areas include the rental market and older people, innovative solutions for affordable housing, ageing and housing decisions, the meaning of home, and tools to support evidence-based decision-making. James has held senior research positions in science programs for the public good, including the Ageing Well National Science Challenge and, since 2016, the Building Better Homes, Towns and Cities National Science Challenge. Her recent publications concern pathways to renting among older people, older homelessness, and older people's experiences of home during the COVID-19 pandemic. James is director of Public Policy & Research and, in a voluntary capacity, serves as the chairperson of a community housing trust in New Zealand. James was made a Member of the New Zealand Order of Merit for her exemplary services to seniors in 2022.

**Laura Mills** is a researcher at Amnesty International focusing on older people and people with disabilities in armed conflict and emergency situations for the Crisis Response Programme, which she joined in 2021. At Amnesty International, she has extensively documented the situation in Ukraine since Russia's full-scale invasion in 2022, particularly with regard to older people and people with disabilities. From 2018 to 2021, Mills was a researcher at Human Rights Watch, working on civil and political rights, disability rights, older persons' rights and health across a number of countries. From 2012 to 2018, Mills was based in Moscow, Russia and Kyiv, Ukraine, where she worked as a correspondent for The Associated Press and The Wall Street Journal. She covered the 2014 war in eastern Ukraine, the annexation of Crimea, protest movements in Russia and Ukraine, and other breaking news in the former Soviet Union. She graduated from Columbia University.

**Rochelle S. Agualin** is the communications coordinator for the Coalition of Services for the Elderly (COSE). Previously at COSE, she worked on projects such as Advancing Equality for Older Persons in the Philippines and Financial Security of Older Women in Southeast Asia. She also oversaw several COSE advocacy campaigns, including Ageism and Age Discrimination. She earned a master's degree in development communication from the University of the Philippines Open University.

**Sojung Park**, PhD & MA, is an associate professor at the Brown School of Social Work at Washington University in St. Louis. Her research examines factors and mechanisms underlying persistent disparities among older people, focusing on which environmental characteristics may support successful aging for vulnerable older individuals in different living environments (conventional private home and senior living environment). Park was trained at the University of Chicago and the University of Michigan in Ann Arbor.

**Byeongju Ryu**, MSW, is a research assistant at the School of Social Work at Boston College. His research involves examining the mechanisms that could influence social and civic engagement in later life, focusing on the interplay between individual characteristics and environments (e.g., physical, social, and service environments).

**Sehyun Baek**, MSW, is a research assistant at the Brown School of Social Work at Washington University in St. Louis. His research focuses on the quality of life of older adults and persons with disabilities. He has been involved in research that has looked into digital divide issues among people with intellectual disabilities and the effectiveness of existing education programs for enhancing senior housing models.

**Ahra Ko**, MSW, is a research assistant in the Center for Social Welfare Research at the School of Social Welfare at Yonsei University in Seoul. Ko is interested in aging in place. Her research is concerned with quality of care in different living environments, including nursing homes, and inadequate coverage of care needs.

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# INTRODUCTION

**Eunsun Lee**

*ASEM Global Ageing Center*

Home is often described as a combination of universality and individuality. It is a dynamic place that embodies comfort, security, and personal identity, holding immense significance for an individual (UN-HABITAT, 2020). In simpler terms, a home is a place to be comfortable and safe, to be welcomed, and to grow. And these meanings become layered as we live and grow older, and the impending or actual loss of the place is lamented. A study conducted with individuals over the age of 80 revealed that, while a home grants older persons autonomy, independence, and freedom, they worry about burdening others when they require assistance at home. A home also serves as a place for them to engage with their community, but it may become a place of loneliness and confinement when they have mobility issues. Often, older people’s homes invoke meaningful memories of family, friends, and accomplishments, and as they spend more time at home, it becomes the central core of their lives. They are, however, disheartened when home maintenance is beyond their capacity (Almevall et al., 2022).

## **More Older Persons Are Losing Their Homes**

The right to adequate housing for older persons is enshrined in Article 25 of the Universal Declaration of Human Rights (1948). The Committee on Economic, Social, and Cultural Rights (1991) further articulates that adequate housing includes legally secured tenure; necessary services, materials, facilities, and infrastructure; affordability; habitability; accessibility for individuals with special needs; proximity to places such as employment, health care, and transportation; and the preservation of cultural identity. The Special Rapporteur on adequate housing as a component of the right to an adequate standard of living expands on these elements, emphasizing privacy and security; non-violence; participation in decision-making; and access to information (Kothari, 2008). Similarly, the Independent Expert on the enjoyment of all human rights by older persons asserts that policy must prioritize the right to adequate housing for older persons, who are the fastest-

growing demographic group worldwide (Mahler, 2022). Furthermore, we have observed that older people are more vulnerable to the impacts of adverse events such as public health emergencies, climate change and natural disasters, conflict and war, and economic crises and inflation (UNECE, 2023), particularly in the area of housing.

For example, in Europe, individuals over the age of 60 accounted for over 95% of COVID-19-related fatalities (World Health Organization Europe, 2020a), with 50% of all COVID-19-related deaths occurring in institutional settings (World Health Organization Europe, 2020b). Similarly, the 2003 heatwave in France incurred approximately 15,000 excess deaths, mostly among older persons, and dehydration-related fatalities in institutional settings were linked to a shortage of air conditioning units (UNECE, 2020). Furthermore, the Russian invasion of Ukraine over the last year has caused extensive damage to Ukraine's built environment, with more than 135 billion USD in damage so far. The housing sector is the most affected, accounting for 38% of overall devastation, followed by transportation at 26% (World Bank, Government of Ukraine, European Union, United Nations, 2023), while disproportionately it is older people who have remained living in the midst of destruction (HelpAge International, 2023). In the United Kingdom, rising costs and insufficient benefits have compelled 54% of older persons to reduce their spending on energy and 29% on transportation (Age UK, 2023).

Homelessness among older people has been rising as well, having detrimental impacts on their physical and psychological health. In Oakland, California, for instance, mortality rates among those over the age of 50 were discovered to be three times higher for homeless men and five times higher for homeless women compared to the general population in the same age and sex demographic (Brown et al., 2022). Surprisingly, homelessness among older people is not limited to low-income countries but is also prevalent in high-income countries, such as Australia, Canada, Japan, the United Kingdom, and the United States (Age UK, 2019; Australian Institute of Health and Welfare, 2022; Grabenstein, 2023; Ruck, 2020; The Japan News, 2022). Factors contributing to this issue include poverty, a lack of affordable housing, and cumulative societal disadvantages accrued during one's life (Kushel, 2020).

## **Older Persons' Right to Adequate Housing Is Being Violated Around the World**

In this edition, our contributors highlight violations of the right to adequate housing for older people in Aotearoa New Zealand, wartime Ukraine, the Philippines, and South Korea, their local stories reflecting a global issue. They also explore solutions to these challenges, urging our audience not to remain bystanders but to act as champions for appropriate homes for older people.

In Aotearoa New Zealand, renting is becoming more common among individuals; older Māori and Pacific people, in particular, are more likely than their European counterparts to live in rented accommodation. However, the rental sector fails to meet the key requirements of adequate housing or the country's foundational *Te Tiriti o Waitangi* agreement, since housing policy and practice overall lack a human rights-based approach. James walks us through the rental situation of seniors in relation to each element of adequate housing, and highlights the growing problem of homelessness among older persons, due mainly to unaffordable rents and insecure tenure. James emphasizes the need to value and respect the lived experiences of an increasingly diverse older population in order to tackle these issues effectively.

Mills vividly depicts the deteriorating housing situation for older Ukrainians caused by the war. The Russian invasion has left them with destroyed homes and limited housing choices: staying at home among the ruins; entering a temporary shelter, only to be relocated involuntarily to a state institution; or renting privately in an inflated market. Many pensioners struggle to repair their homes or find affordable housing because of financial constraints (which might not be entirely due to the war). Furthermore, the country's institutionalization laws are biased against older people in the first place; Mills argues that a binding UN treaty to protect older people's rights is essential.

Agualin reports on the issue of abandoned older people in the Philippines, a country known for its filial affection toward older individuals. The reasons for this anomaly include family estrangement, limited financial resources, and a lack of skills to care for older people. The lack of public housing for seniors and the unaffordability of private housing are exacerbating the problem. Agualin describes efforts to address the issue, including her organization's laudable establishment of Group Homes as well as its Home Care Assistance Program and Mobile Health Care Service.

Park, Ryu, Baek, and Ko present a conceptual framework for senior housing models, focusing on the Person-Environmental Fit perspective (which theorizes the interaction between individual and environmental characteristics), to identify gaps in housing options in South Korea. South Korea, currently considered the OECD's fastest-aging country, has primarily focused on independent living accommodation for older persons, but paid insufficient attention to the heterogeneity of the older population, such as diverse income and disability levels. Lack of collaboration among the relevant government authorities also creates gaps in housing choices. The authors suggest incorporating end-of-life care into senior housing models to provide alternatives to dying in hospital.

*Patria est ubicumque est bene.* We hope that this edition aids us in fulfilling our goal of creating and building homes for everyone, everywhere, particularly for those older people exposed by life's vagaries to vulnerable conditions – since, as we know, such vagaries can happen to anyone.



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# Improving Rental Housing for New Zealand's Ageing Population

**B. L. James MNZM**

*Public Policy & Research Ltd, Wellington, New Zealand*

Along with much of the world, the population of Aotearoa New Zealand (NZ) is ageing. In 2022, 16.6% of the total population of 5.13 million was aged 65 and older; this share is expected to increase to 25% by 2048 (Stats NZ, 2022b). NZ's age profile is younger than Japan's and the European Union's but similar to that of Australia, Taiwan, and South Korea (Choi, 2022; Eurostat, 2023; Judd et al., 2020).

The population is ethnically diverse, due to the older age profile and slower growth of the NZ European population compared to the higher levels of natural increase and net migration of other ethnic groups. The number of people who identify with more than one of the four main ethnic groups in NZ is also growing. Nominally, NZ Europeans comprise 70% of the total population, while Māori, NZ's indigenous people, make up 17%, Asian ethnicities comprise 16%, and Pacific ethnicities account for 8% (Stats NZ, 2022a); but the same people include themselves in several of these groups. Māori, Pacific, and Asian ethnic communities have younger age profiles than the NZ European group, but the numbers and proportions of people aged 65 and older are expected to increase in all ethnic groups (Bedford Consulting Ltd, 2022).

Like many countries, NZ's overarching policy approach is one of seniors *ageing in place* in their homes and communities, rather than in institutional care. This policy is strongly supported by seniors themselves (James, 2023; Judd et al., 2020). Adequate housing is essential to helping seniors age in place. The key elements of adequate housing are: legal security of tenure; availability of services, material, facilities, and infrastructure; affordability; habitability; accessibility; location and cultural adequacy. Yet in NZ, as in many developed countries, the private rental market, to which an increasing number of

seniors are obliged to turn, fails to meet older people's right to adequate housing (Mahler, 2022).

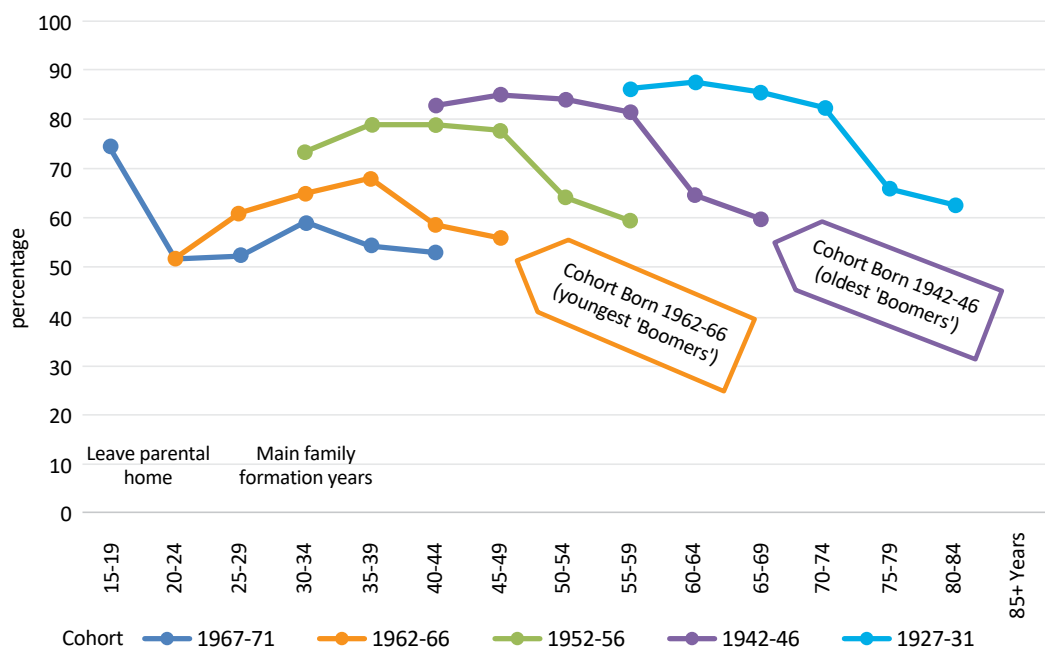
Can older people age in place as renters? Using the human rights framework of adequate housing, this paper argues that older renters struggle to achieve secure, affordable, and suitable housing that enhances wellbeing and enables them to stay in their homes for as long as they wish. It cautions that inadequate housing can push seniors into homelessness. The findings from a study of the experiences of 108 older tenants in NZ, based on interviews conducted by myself and others in 2017 and 2018, are presented here (Cram & Munro, 2020; James et al., 2021, 2022), along with other data showing that key elements of adequate housing are not fulfilled in NZ's rental sector. In conclusion, this paper presents examples of initiatives aimed at improving rental housing for seniors.

## The Ageing Population and Declining Homeownership

NZ has experienced a structural shift from a predominantly home-owning society to increasing dependence on renting (Figure 1). This shift has been called the *tenure revolution* (Saville-Smith, 2019). Traditionally, owner-occupation has underpinned a comfortable retirement for seniors. While seniors still enjoy the highest rate of homeownership, by 2018, 20% of those aged 65 and over were renting, with almost two-thirds living in private rentals. Māori and Pacific seniors are more likely to rent. Around 37% of older Māori and over 50% of older Pacific people rent, while only 16% of older NZ Europeans do so (James et al., 2021). Over the next 20 years, the number of older renters is expected to increase in all ethnic groups as successive age cohorts reach retirement age as tenants (Saville-Smith, 2019).

**Figure 1**

*The Proportion of Selected Birth Cohorts Who Live in Their Own Home in New Zealand*



*Note.* The first data point was obtained from the 1986 census. The time difference between the final observations for each cohort is more than two years, due to a 7-year gap between 2006 and 2013 censuses. From “Pathways to Renting Among Older Former Homeowners,” by B. L. James, T. M. Coleman, F. Cram, L. Bates, and R. Kearns, 2021, *New Zealand Population Review*, 47, p. 231 ([https://population.org.nz/wp-content/uploads/2021/08/James\\_etal\\_Older\\_Renters.pdf](https://population.org.nz/wp-content/uploads/2021/08/James_etal_Older_Renters.pdf)). Copyright 2021 by Population Association of New Zealand. Reprinted with permission.

Declining homeownership has profound implications for the ageing population. Older renters lack the security, discretion over housing costs, and control over their home environment that older homeowners have (James et al., 2021). It is well established that older renters experience financial pressures (Petersen et al., 2014). They do not have the types of housing assets and financial resources enjoyed by older homeowners and consequently struggle with housing costs. They are more likely to live alone and therefore cannot share housing costs (Perry, 2019). Older women tenants are especially vulnerable to housing unaffordability, since women tend to earn less than men over their working lives and are less likely to have assets and savings that provide a financial buffer in later life (Kornfeld-Matte, 2020).

There is a strong relationship between housing and physical and mental health (Stats NZ, 2020). As people are affected by age-related frailty, they become more vulnerable to the impacts of inadequate housing on their health and wellbeing. Those impacts are

compounded for older tenants, who are more likely to have poorer physical and mental health and are more likely to have a disability compared to older owner-occupiers (e.g., Matthews et al., 2006; Pledger et al., 2019). They are especially vulnerable to risks associated with poor quality housing, such as falls and respiratory and cardio-vascular problems (Pledger et al., 2019).

Shortcomings in the rental market have been highlighted during the COVID-19 pandemic. One NZ study found that older renters reported feeling less in control of their home environment than other seniors. They were anxious about their housing security, unmet repairs, potential conflict with the landlord, and financial stress (James, 2023).

## The Right to Adequate Housing

Two United Nations visitors have commented on NZ's housing challenges. Leilani Farha (2021), former Special Rapporteur on adequate housing, noted the disproportionate effects of inadequate housing on Māori and Pacific peoples and persons with disabilities. Rosa Kornfeld-Matte (2020), the first Independent Expert on the enjoyment of all human rights by older persons, highlighted unaffordable and inadequate housing as critical problems contributing to financial hardship among older people and disproportionately affecting Māori and Pacific seniors.

The right to adequate housing is not mentioned in NZ legislation, although some aspects of adequate housing are included in rental tenancy legislation. For example, discrimination in accessing housing is prohibited, and there are some, albeit limited, provisions concerning tenure security, affordability, and habitability (Mitchell et al., 2021). While various countries have mandatory standards of accessibility for residential housing, such standards only apply to public buildings in NZ and are absent from NZ legislation and regulations that set out the performance requirements of new housing (James et al., 2018). Consequently, NZ does not currently meet its obligations under the Convention on the Rights of Persons with Disabilities, which requires that people with disabilities have equal access to a safe and healthy home and access to appropriate modifications and interventions when needed.

Understanding NZ's historical, social, and cultural context is fundamental to achieving the right to adequate housing. Critical contextual factors include the dispossession of Māori land, the ongoing impacts of colonization on Māori rights and wellbeing, as well as the 1840 *Te Tiriti o Waitangi* (The Treaty of Waitangi), the country's foundation document, which established the relationship between Māori and the British Crown. In essence, "the right to a secure, peaceful, decent home ... is at the core of the Tiriti agreement" (NZ Human Rights Commission, 2021, p. 21). Currently, the Waitangi Tribunal is investigating

claims that the Crown has failed to ensure an adequate standard of housing for Māori, and failed to deliver state services, programs, and support enabling Māori access to adequate housing (Waitangi Tribunal, 2023).

## ***Legal Security of Tenure***

Legal security of tenure provides for “legal protection against forced eviction, harassment and other threats, regardless of the form of tenure” (Mahler, 2022, p. 6). NZ’s rental market is lightly regulated compared to other jurisdictions (Martin et al., 2018). Until 2021, tenancy termination without grounds was allowed. Since then, the necessity to provide specific grounds for ending a tenancy has been introduced. Although this change has resulted in modest improvements to tenants’ security, the private rental sector is nevertheless characterized by limited choice, insecurity, and unaffordability (James et al., 2022; SHORE & Whariki Research Centre, 2022).

Private rentals, where most older renters live, do not offer the level of security and affordability provided by the public housing supplied by the state, or the council housing provided by local government. Older people are a low priority for public housing, which is targeted principally at homeless families. Council housing is mainly allocated to seniors, but stock numbers have declined through stock divestment and lack of investment in new builds. Inevitably, older renters must compete with others in the private rental market, where there is a limited supply of affordable rentals. Our research among 108 senior renters found that the two main reasons why older tenants were forced to move were tenancy termination and unaffordable rent (James, 2021). Similarly, national data show that, across all ages, the most common reason for moving is that the tenancy is ended by the landlord (Stats NZ, 2020).

## ***Habitability and Availability***

NZ’s housing stock is not well aligned to seniors’ needs. This is illustrated by both the prevalence of stock in poor condition and the lack of suitably sized stock. NZ’s rental housing does not score well on habitability, which is concerned with the dwelling’s ability to protect residents (Mahler, 2022). Rental stock is generally older and in worse repair, and more likely to be cold and affected by damp and mould compared to owner-occupied housing (Stats NZ, 2020).

Over half the participants in our study said that their heating did not always keep them warm in winter, while just under half reported cold and damp. One-third reported

unmet repairs and inadequate maintenance. One-quarter reported dilapidation, and a few lived in dwellings lacking basic amenities (James et al., 2022). This is despite overall high access to basic amenities: 93% of households reported having cooking facilities, safe drinking water, a kitchen sink, refrigerator, bath or shower, toilet, and electricity supply. Nevertheless, rental households are more likely than owner-occupiers to lack access to some basic amenities. And official statistics show that the households most likely to be without basic amenities are among the Pacific population (Stats NZ, 2020).

A key barrier for seniors accessing adequate housing is the dearth of smaller dwellings. Since 1980, the construction of two-bedroom dwellings has declined. Currently, over three-quarters of new builds have three or more bedrooms, despite declining household size due to population ageing. Both older owner-occupiers and older renters struggle to find smaller, more affordable homes (Bedford Consulting Ltd, 2022; Ministry of Housing and Urban Development, 2023).

## **Affordability**

Affordability requires that housing costs are not unreasonable and that meeting other basic needs is not compromised once housing costs are met (Mahler, 2022). Participants in our study reported that their biggest challenge was rent increases. Many struggled to pay market rents, even with an accommodation supplement paid through government income support. Others could not afford everyday living costs and reported reducing spending on transport, food, power, social activities, or healthcare. Financial constraints affected their ability to participate in their community and to access services, which in turn impacted on their wellbeing and contributed to feelings of isolation and loneliness (Cram & Munro, 2020; James et al., 2022).

## **Accessibility**

Accessibility requires not only that accessible housing is available but also that groups with special needs, such as older people, have priority in obtaining it (Mahler, 2022). This element of adequate housing is difficult to achieve in NZ, where it is estimated that only about 2% of dwellings are accessible; one in six people require modifications to be made to enable them to live safely in their homes (Farha, 2021).

Our research found that older renters contend with many obstacles to accessibility, including poorly designed steps and stairs, lack of grabrails in the toilet and bathroom, and hard-to-reach cupboards (James, 2021). The most common aid that participants

said they needed was a grabrail or handrail. While relatively cheap and easy to install, permission would be required from the landlord to install these, and it emerged that few people in our study had asked their landlord for a modification to help with mobility. Other research also found that very few tenants needing modifications requested them from their landlord. Moreover, over one-third who did request a modification reported that it was not installed (SHORE & Whariki Research Centre, 2022).

## **Location**

Adequate housing allows access to facilities and services. Furthermore, housing should not be located in polluted or disaster-prone areas (Mahler, 2022). In NZ, older people prefer to live near shopping and services (James, 2023; James & Saville-Smith, 2018). Despite this preference, NZ is a highly car-dependent country, and access to public transport is limited, even in Auckland, the biggest city. Seniors over 75 are less likely to drive and consequently rely more on public transport than younger age groups. However, the low provision of public transport compromises seniors' ability to participate in their communities and access the services they need (Ministry of Housing and Urban Development, 2023).

NZ is particularly prone to earthquakes, flooding, and coastal inundation. Older people are overrepresented in populations living in coastal areas most susceptible to inundation. Because of age-related frailty, seniors are more vulnerable to all types of natural hazards, which are exacerbated if their housing is not robust enough to protect them. Seniors are more likely to die, be injured, or have chronic health conditions that deteriorate during or after natural disasters. This emphasizes the need for housing designed and located to address natural hazard risks and ensure seniors' safety (Saville-Smith, 2020).

## **Cultural Adequacy**

Cultural adequacy requires housing design and materials "to enable the expression of cultural identity and diversity of housing" (Mahler, 2022, p. 6). Cultural meanings of home and ageing in place differ across ethnic communities in NZ, yet very little of this is reflected in housing provision, public or private, despite efforts by Māori and Pacific housing providers to create housing appropriate to the needs of their communities.

Cram and Munro (2020) note that while the provision of culturally responsive housing for Māori is part of the rights guaranteed by Te Tiriti o Waitangi, Western cultural norms and practices dominate housing policy, regulations, and design. Often this means that housing, both existing and new builds, does not cater for extended family living and providing



hospitality and caregiving. Older Māori are more likely than non-Māori to consider both their physical and cultural needs to be unmet by their housing (Cram & Munro, 2020).

Multi-generational Pacific households are particularly underserved by current housing stock, and other research has noted diverse housing needs and preferences among Asian ethnic populations, including their changing cultural norms about multi-generational living (Bedford Consulting Ltd, 2022).

## **Homelessness**

Lack of adequate housing, exemplified by tenure insecurity, unaffordable rents, and uninhabitable or inaccessible housing, can precipitate seniors' homelessness (James et al., 2022; Petersen et al., 2014).

NZ's official definition of homelessness is "a living situation where people with no other options to acquire safe and secure housing are: without shelter, in temporary accommodation, sharing accommodation with a household, or living in uninhabitable housing" (Stats NZ, 2020, p. 100). In 2018, 41,644 people (0.9% of NZ's total population) were homeless. This is acknowledged to be a significant undercount (Stats NZ, 2020).

The rate of homelessness among older people has increased since 2013. In 2018, 3,333 (8.1% of homeless people) were aged 65 and older, and 6,891 (16.7%) were aged 45–64 years. Just over half of those aged 65 and older were sharing accommodation in severely crowded housing. Māori and Pacific peoples had the highest rates of homelessness of all ethnic groups and across all age groups. Similar numbers of men and women were homeless (Stats NZ, 2020).

The research conducted by myself and colleagues aimed to increase understanding of both the drivers and the experience of homelessness in later life. We found that 19 of the 108 older renters we interviewed had been homeless within the previous five years, and six of those were in homeless situations at the time of the research; they were sharing accommodation, living in temporary housing, occupying uninhabitable housing, or staying in an improvised shelter (James et al., 2022).

Like other researchers on homelessness in later life (e.g., Petersen et al., 2014), we found that most seniors experienced homelessness for the first time in their late 50s or older. Almost all had conventional housing and employment histories, and three-quarters had owned a home in the past. Only one person had experienced intermittent homelessness since childhood.

Homelessness was sparked by a crisis that created circumstances beyond the individual's control. The two main reasons for becoming homeless were related to policy and market factors: unaffordable rents and insecure tenure. These factors precipitated a sudden, unexpected loss of housing. Personal setbacks, such as a health crisis, financial loss, or divorce, put housing at risk but did not necessarily lead to homelessness. Most seniors were able to find permanent rental accommodation with a not-for-profit housing provider, underlining the importance of a social housing sector offering affordable housing and tenure security.

## Responses to Improve Rental Housing for Seniors

NZ government policy increasingly recognizes that the rental market is ill-equipped to serve the ageing population. The *Government Policy Statement on Housing and Urban Development* is broadly aligned with a rights-based approach (Ministry of Housing and Urban Development, 2021), while a policy framework to address the long-term implications of NZ's ageing population for housing and the built environment is being developed (Ministry of Housing and Urban Development, 2023). The *Better Later Life – He Oranga Kaumātua Action Plan* foregrounds housing as one of three priorities, highlighting the need for safe, secure, accessible, and affordable housing options that meet older people's needs (Office for Seniors, 2021). Reforms to tenancy legislation in 2019 to improve habitability introduced minimum standards for rental housing to address problems of heating, ventilation, and damp (Tenancy Services, 2023).

Despite an ageing population, the growing prevalence of disability, and the importance of providing accessible housing to enable ageing in place, there has been little government focus on improving accessibility in housing through legislation. Instead, the provision of accessible housing is gradually increasing through a voluntary accessibility standard developed by Lifemark, a non-government organization. Lifemark's award-winning accreditation system assesses new-built housing according to the principles of usability, adaptability, accessibility, safety, and lifetime value (Lifemark, 2016). Several not-for-profit housing providers that specialize in rentals for seniors use Lifemark standards in their new builds. The use of accessible design is also slowly increasing among for-profit housing developers, including volume home builders and retirement village operators. A few councils offer incentives to encourage the building of accessible housing, including relaxed restrictions around site coverage and reduced development fees.

An information resource for older renters is an initiative that emerged from our research. We found that older renters, particularly those who do not have access to the internet, struggle to search and apply for rental properties. Furthermore, some older renters are

unaware of their rights as tenants and the responsibilities of landlords. In our study, one-quarter of participants could not identify any individual or organization they would contact for information about their rights as tenants or about a tenancy matter (James, 2021). Based on participants' feedback, we developed a tool to improve older renters' access to information and help them to make better-informed housing decisions. The tool includes information that participants identified as important, such as how to obtain the necessary documents to apply for a tenancy; how to request repairs from a landlord; where to find information about services and government income support; and what to do if a person urgently needs housing (CRESA, 2021).

Despite various efforts to improve seniors' access to suitable rental housing, they nevertheless face persistent barriers. Currently, rights relating to adequate housing are not reflected adequately in NZ's laws. Rental stock is in relatively poor condition, market rents are unaffordable for many seniors, tenure security provisions lag behind those of other comparable countries, and tenants have limited control over their living environment. Most decisions that influence older renters' health and wellbeing – for example, regarding repairs, rent rises, heating solutions, and accessibility modifications – are made by the landlord. These decisions can either enhance ageing in place or have a detrimental effect on older renters' ability to stay in their homes.

To ensure the right to adequate housing for an ageing population, more needs to be done to:

- increase the supply of affordable, secure rentals designed for an ageing population
- embed accessibility standards in housing regulations
- address the growing risk of homelessness in later life, including the supports required to prevent seniors' homelessness
- meet the housing needs of an increasingly ethnically diverse older population
- link seniors' housing with services that include income support, primary health services, and home-based care services

Finally, the development of policy and practice to improve the rental market should value and incorporate the lived experience of seniors to create housing solutions that meet their needs.

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# Without a Home: The Impact of Russia's Full-Scale Invasion on the Right to Housing of Older People in Ukraine

**Laura Mills**

*Amnesty International*

Russia's war with Ukraine began in 2014, with the invasion and subsequent annexation of the Black Sea region of Crimea and the armed conflict in eastern Ukraine (BBC News, 2014). In February 2022, Russia launched a full-scale invasion of the country. As of March 2023, the Office of the UN High Commissioner for Human Rights (OHCHR) (2023b) recorded 22,209 civilian casualties since the full-scale invasion, including more than 8,000 killed and 13,000 injured. The true numbers are likely to be much higher. According to OHCHR, older people have been killed and injured at disproportionately high rates during the war (personal communication, September 12, 2022). Approximately one-third of Ukraine's population has been displaced (UNHCR, 2022), and despite Ukrainian counter-offensives in many regions, as of October 2022, Russia still occupied about one-fifth of Ukrainian territory (Reuters, 2022). Russia has committed numerous war crimes and other violations of international law in Ukraine, including indiscriminate attacks, extrajudicial executions, and forcible transfer and deportation (OHCHR, 2023a).

In Ukraine, people aged 60 and over make up nearly one-fourth of the population. While many older people in Ukraine faced poverty before Russia's full-scale invasion, the war has exacerbated previous risks. Many older people have been unable to access housing on the private rental market, are forced into state institutions where they are at greater risk for abuse and neglect, or continue living in homes that have been heavily damaged by the war and lack roofs, windows, electricity, heating, or water.

Amnesty International has highlighted the intersecting risks facing older people throughout its extensive documentation of human rights violations during the war in Ukraine, including

most recently in a December 2022 investigative report called “*I Used to Have a Home*”: *Older People’s Experience of War, Displacement, and Access to Housing in Ukraine*. The report is based on 226 interviews conducted with older men and women, their relatives, and advocates and NGO workers in six regions of Ukraine (Kyiv, Sumy, Chernihiv, Kharkiv, Dnipro, and Khmelnytskyi regions). Interviews were conducted in person in June and July 2022 and remotely between March and October 2022 (Amnesty International, 2022).

## Poverty, Inadequate Pensions, and High Living Costs

Almost all of the people interviewed for our report owned their homes before the war. This is common in many post-Soviet countries, including Ukraine, where privatization efforts in the 1990s enabled people to register to own their homes (Law of Ukraine No. 2482-XII, 1992), leading to high rates of home ownership overall (State Statistics Service of Ukraine, 2018). When older people were displaced from their homes by the 2022 invasion, they typically faced two options: enter a temporary shelter – which allows displaced people to live there for free and is typically located in public buildings such as schools, hospitals, sanatoriums, and administrative buildings – or rent an apartment or house on the private market.

### Figure 1

*An Older Woman in Her Destroyed Home in Chernihiv, Ukraine*



*Note.* From *I Used to Have a Home* (p. 73), by Amnesty International, 2022 (<https://www.amnesty.org/en/documents/eur50/6250/2022/en/>). CC BY-NC-ND-4.0.



## Figure 2

*An Older Woman Outside the Garage of Her Destroyed Home in Chernihiv, Ukraine*



*Note.* From *I Used to Have a Home* (p. 74), by Amnesty International, 2022 (<https://www.amnesty.org/en/documents/eur50/6250/2022/en/>). CC BY-NC-ND-4.0.

Many temporary shelters are not physically accessible to older people who have disabilities, nor do they have adequate staff to support people with disabilities. In addition, many temporary shelters prove to be exactly that: temporary. For example, several older people who had lived in temporary shelters that were established in school buildings told Amnesty International that they were forced to leave this accommodation at the start of the school year in September 2022 (personal communication, June–October, 2022). Often, the authorities or volunteer organizations running the shelters did not provide other accommodation, forcing older people to quickly find alternative housing. Older people living in other types of temporary shelter, such as sanitoriums and administrative buildings, similarly expressed uncertainty regarding how long they would be allowed to stay.

If they are unable to find accommodation in a temporary shelter, older people usually have no option but to search on the private rental market. Renting private accommodation would have caused severe financial hardship to most older people even before the war: While Ukraine provides universal pensions to all people over a certain age, these payments are insufficient to meet their basic needs. The Ministry of Social Policy of Ukraine (2022a) has calculated a real monthly subsistence minimum of 4,666 hryvnia (US\$126) for one person, and yet half of Ukrainian pensioners receive 3,000 hryvnia (US\$82) or less per month (Pension Fund of Ukraine, 2022). Older women, who are likely to have had shorter careers due to caregiving responsibilities and to work in low-income or informal sectors, receive



30% lower pensions than older men on average (Opendatabot, 2021). Approximately 80% of pensioners live below Ukraine's poverty line, according to the country's former human rights ombudsperson (Epravda, 2022).

Due to mass displacement caused by Russia's full-scale invasion, rental costs have skyrocketed, making it even more difficult for older people whose main income is their pensions to afford accommodation. From October 2021 to May 2022, for example, rents increased dramatically across the country, particularly in western Ukraine (Zakarpattia: 225%; Lviv: 96%; Chernivtsi: 156%), but also in regions closer to the conflict such as Dnipro (34%) and Zaporizhzhia (41%) (National Bank of Ukraine, 2022). Rapid price increases have left older people, many of whom described making informal verbal agreements to rent private accommodation, at risk of sudden eviction (personal communication, June–October, 2022).

For example, Nina Silakova, a 73-year-old displaced woman from Luhansk region, found shelter in a school in Dnipro region, but was forced to leave in August 2022 ahead of the school year. She found accommodation in the same village, but after she was hospitalized with a heart attack, her landlady evicted her due to concerns over her health. In September 2022, Silakova found an apartment with her 63-year-old sister, but they were evicted in October when the landlord decided to raise their rent, which they could not afford (personal communication, October 13, 2022).

Older people told Amnesty International that dramatic increases in the cost of non-housing items made it even more difficult for them to afford renting a home: Year-on-year inflation in Ukraine overall as of July 2022 exceeded 20%, and raw food prices increased 37.5%, according to the National Bank of Ukraine (2022). Many of the older people Amnesty International interviewed are still unable to return to their homes, which are completely or partially destroyed, or are located in areas under Russian occupation or where fighting is ongoing.

## **Disability and High Rates of Institutionalization**

Older people struggled significantly more to find accommodation if they also had a disability, particularly if they were fleeing their homes without a relative or another person who could support them in displacement.

According to Ukrainian government statistics, 2.7 million people are registered as having a disability (Ministry of Social Policy of Ukraine, 2022c). Of these, 1.5 million are people of pension age (State Statistics Service of Ukraine, 2021). This is likely to be an undercount of the number of older people who actually have a disability: According to

a report by HelpAge International (2023), almost half of older people with disabilities who were surveyed in Ukraine had not formally registered as having a disability with the government, in part because Ukrainian legislation forces people over 60 to choose between a retirement pension and a disability pension, which is often smaller. Disability rights activists interviewed by Amnesty International reiterated that lack of registration was a problem. For example, a woman who ran a disability rights organization and temporary shelter called Okean Dobra in Dnipro said, “Most older people who come here don’t have disability status; they lie down after a stroke, and for the most part, they will lie down until they die. The first thing we do is help them get disability status” (O. Volkova, personal communication, June 22, 2022).

Older people with disabilities face greater risks in displacement, particularly with regard to housing. First, many have lost homes that were outfitted with ramps, grab bars, or other adjustments that made these spaces physically accessible. Second, in displacement, many people with disabilities have lost access to formal and informal support networks, whether that be neighbors, friends, paid caregivers, or social workers (Amnesty International interviewees, personal communication, June–October, 2022). These networks provided them with a range of support, from delivering groceries to providing personal care, that enabled older people with disabilities to continue living in their homes before the full-scale invasion.

As is noted above, many temporary shelters in Ukraine are not physically accessible and do not have adequate staff that can support older people with disabilities. The director of a temporary shelter in Pesochyn, Kharkiv region, where 350 displaced people – 70% of whom were over 60 years old – were living as of June 2022, said, “We can only take people with disabilities if they have somebody to accompany them. We simply don’t have the staff to care for them” (S. Pazyi, personal communication, June 20, 2022). Disability rights groups have criticized the absence of inclusive data collection, which contributes to failures in the humanitarian response. For example, Humanity & Inclusion (2022) found that in the city of Uzhgorod in March 2022, only 11 out of 30 collective centers reported hosting people with disabilities at all, and none had accurate figures on numbers or the types of difficulties disabled people faced.

Foreign donors are not adequately considering accessibility requirements for people with disabilities in their construction of temporary housing for displaced people inside Ukraine. According to a report by the European Disability Forum (EDF), as of October 2022, 16 communities of temporary modular homes had already been built to house displaced people in Ukraine; another eight were under construction; and 30 more were planned (Kharkiv Institute of Social Research et al., 2023). However, these modular homes – which are largely funded by the Polish state and will ultimately house at least 30,000 people – are not physically accessible to most people with disabilities (Kharkiv Institute

of Social Research et al., 2023; Ukrinform, 2022). EDF recommended in the report that the Ukrainian government adopt legislation and provide minimum requirements for the accessibility of modular houses and shelters, but at the time of writing, no such legislation had been passed.

As a result of the above factors, older people with disabilities often cannot find accommodation in a temporary shelter. The few shelters that are physically accessible to people with disabilities and that do have support staff have extremely limited capacity, and have been forced to organize the transfer of older people with disabilities to other facilities. In almost all cases, these transfers are to state institutions for older people and people with disabilities, also known as care homes. As of July 2022, the Ukrainian government said that at least 4,000 older people had been placed in state institutions after being displaced (Ministry of Social Policy of Ukraine, 2022b). According to non-governmental organizations on the ground, this trend has continued in the months since, meaning the numbers are likely to be much higher (personal communication, September–October, 2022).

### Figure 3

*An Institution for Older People in Ukraine*



*Note.* From *I Used to Have a Home* (p. 51), by Amnesty International, 2022 (<https://www.amnesty.org/en/documents/eur50/6250/2022/en/>). CC BY-NC-ND-4.0.

Even before Russia's full-scale invasion, Ukraine's state institutions for older people and people with disabilities lacked adequate staff, resulting in a failure to care for residents' basic needs. According to a 2020 report by the National Preventive Mechanism of Ukraine (2021), which monitors places of deprivation of liberty, 99% of residents with limited mobility were denied the opportunity to take walks outside. In visits to seven institutions for older people and people with disabilities in June and July 2022, Amnesty International found that staffing shortages were exacerbated by conflict-related displacement, leading to even greater gaps in care for residents. Most residents were not dressed, showered, or placed in wheelchairs unless they could perform these tasks independently, without staff support (Amnesty International interviewees from the seven institutions, personal communication, June–July, 2022).

Almost all older people interviewed by Amnesty International in Ukraine who had been or were about to be institutionalized said that this was not their choice. Many residents of state institutions said they were not free to leave the property, or sometimes even the floor they lived on, due to restrictions and the absence of support. Some who expressed a desire to leave said they were unable to voice their concerns to the institution's leadership and felt effectively trapped there without recourse (Amnesty International interviewees from the seven institutions, personal communication, June–July, 2022). All of these conditions create serious concerns that older people displaced by the war may struggle to leave institutions entirely. As of April 2023, there do not appear to be any national efforts to track those older people who have been placed in institutions or to ensure their speedy transition elsewhere.

As discussed below, placing people with disabilities, including older people with disabilities, in institutions is a violation of their rights under the Convention on the Rights of Persons with Disabilities (CRPD), which both Russia and Ukraine have ratified (CRPD, 2006, art. 19). While the goal of Ukraine's policy to place older people in institutions is undoubtedly to provide them with urgently needed shelter, food, and warmth, according to the CRPD Committee, this practice nonetheless violates the rights of people with disabilities, effectively segregating them in isolated settings where they are more at risk of neglect and abuse.

## Life in Inadequate Housing and Dangerous Areas

Older people appear more likely than other groups to stay behind in conflict-affected areas of Ukraine, putting them at risk. According to statistics from the UN Office of the High Commissioner for Human Rights (OHCHR), in cases where the age of a victim was recorded, people over 60 years old made up 34% of people killed and 28% of people injured from February to September 2022, higher than their proportion of the population

overall, which is 23% (personal communication, September 12, 2022). Older people also appear to be more likely to stay behind in Russian-occupied areas: In Mariupol, for example, city officials estimated that despite a steep drop in the city's overall population, the percentage of the population who were pensioners had doubled compared to before the war (Demyanik, 2022). Staying behind in Russian-occupied areas, where older people Amnesty International interviewed did not have access to adequate healthcare services, left them more vulnerable to illness or death.

In some cases, concerns over losing property – and lack of confidence that compensation or alternative accommodation would be provided in displacement – were a key reason for staying behind in Russian-occupied areas. For example, a 65-year-old man who left Mariupol due to health problems said that his wife, 63, had stayed behind: “Considering the risks of looting [of property], we decided that my wife would stay” (Bohdan, personal communication, May 17, 2022).

According to the Ukrainian government, as of November 2022, more than 160,000 apartment buildings and private homes have been damaged or destroyed since Russia's full-scale invasion began (Kolesnichenko, 2022). Many older people interviewed by Amnesty International were living in homes with damaged roofs or windows that could not protect them from weather conditions, or in informal structures that were not intended to be used as permanent homes. Many were living in homes that, due to the hostilities, did not have water, electricity, heating, or gas.

For example, Alla Sukretna, 58, lived with her 68-year-old husband in Chernihiv. Their home was destroyed during heavy fighting on March 13, 2022. The couple then lived in the basement of a school that had been converted into a shelter for displaced people, but in September 2022, at the start of the school year, they were asked to leave. The couple decided to live in their garage – the only part of their property not destroyed in the attack. Sukretna said the garage did not have running water or gas for cooking, and that the walls were thin and not insulated, leaving them unprotected from the cold and the heat (personal communication, July 3, 2022).

Many older people interviewed by Amnesty International in 2022 were unable to finance repairs to their homes (personal communication, June–July, 2022). At that time, there were no compensation mechanisms in place for people whose property was lost or damaged during the war, and most people either paid for repairs themselves or relied on sporadic financial support from charities or local government agencies. In March 2023, President Volodymyr Zelensky of Ukraine signed into law a bill that formalizes a compensation mechanism for those who have lost their home and pays for repairs if their home has been damaged (Pavlysh, 2023). In an analysis, Transparency International (2023) has expressed concern that because the law identifies as a key funding source potential future reparations

payments from Russia, to be made through various ongoing court mechanisms, it creates the risk that some people may be left under-compensated for lost housing.

As the law moves forward, it is vital to ensure that older people are adequately included in the distribution of compensation for destroyed or damaged housing. All means of applying for such compensation should be fully accessible to older people, including those who have disabilities or who do not have access to the internet. According to the law, people with damaged or destroyed housing can register that damage, including with photographs or other evidence, by using an online application called *Diya*, by going in person to the Center for the Provision of Administrative Services (TSNAP) or their local social services division, or by registering with a notary office (Kivva, 2023). In June and July 2022, many older people interviewed by Amnesty International described struggling to use *Diya*, often because they did not have a smartphone or a computer or struggled to use the app. It is therefore necessary that older people, particularly if they have disabilities, are provided support and assistance to register for compensation in person at a TSNAP or social services office, including by providing them with physically accessible transport and with a support person who can help them navigate the application process. At the time that Amnesty International conducted its research, such support did not appear to be provided, and certainly not for many of the people who needed it (Amnesty International interviewees, personal communication, June–July, 2022).

## International Law and Gaps in Protection

Amnesty International's reporting on the experiences of older people during the war in Ukraine clearly underscores that older people face multiple, intersecting forms of discrimination and risk. While their rights are partly safeguarded by existing human rights treaties, such as the Convention on the Rights of Persons with Disabilities (CRPD) and the International Covenant on Economic, Social and Cultural Rights (ICESCR), these standards are insufficient to bridge existing gaps in their protection.

For example, the CRPD, which both Russia and Ukraine have ratified, guarantees the full inclusion of people with disabilities, including older people with disabilities, in the community (CRPD, 2006, art. 19). According to the CRPD Committee (2022), placement of people with disabilities in institutions, which effectively segregates them in isolated settings where they are at greater risk of neglect and abuse, is a violation of their rights. However, the CRPD protects only persons with disabilities. During visits to institutions, Amnesty International met several older people who were institutionalized as a result of the war but did not have disabilities (personal communication, June–July, 2022). In addition, Ukrainian laws on institutionalization are fundamentally discriminatory toward

older people: While anyone under pension age must have a disability and require outside care, social services, and medical care to be admitted to an institution, institutions can admit anyone who is within 1.5 years of pension age regardless of their disability status (Cabinet of Ministers of Ukraine Decree No. 772, 2020, art. 13). This places older people, whether they have a disability or not, at higher risk of institutionalization and the neglect and abuse that accompany it.

The ICESCR enshrines the right of everyone to an adequate standard of living, including adequate food and housing, and enshrines the right to social security (ICESCR, 1966, arts. 9, 11). The Committee on Economic, Social and Cultural Rights (CESCR) has said that state parties should provide pensions to all older persons of prescribed retirement age, which Ukraine does (UN Economic and Social Council, 1995, para. 30). However, as is clear, the Ukrainian government's own statistics indicate that pensions are insufficient to guarantee older people the right to an adequate standard of living. This was true before the war, but Russia's full-scale invasion has brought with it mass displacement and extremely high inflation, making it even more difficult for pensioners to survive. Furthermore, pensions must be adequate to meet the real needs of older people to guarantee their right to an adequate standard of living.

In addition, existing norms fail to fully protect older people against age discrimination in the workplace: While non-discrimination is part of the protection of all rights, including the rights to and at work, age is not explicitly mentioned in relevant human rights treaties as a protected category (e.g., ICESCR, 1966, art. 2.2, 6, 7; Universal Declaration of Human Rights, 1948, arts. 2, 23). The ICESCR contains a list of prohibited grounds for discrimination, which includes "race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status" (ICESCR, 1966, art. 2.2). The CESCR has determined that *other status* includes discrimination on the basis of age, particularly with regard to the right to work (UN Economic and Social Council, 2009, para. 29), but has provided an exception if such discrimination can be shown to be "reasonable and objective" (para. 13). As the UN Independent Expert on the enjoyment of all human rights by older persons noted in a recent report on ageism and age discrimination, "the concern is that many existing justifications for differential age-based treatment themselves represent ageist or stereotyped attitudes and assumptions that are accepted as 'reasonable' in the community because of widespread ageism" (Mahler, 2021, para. 41). The Independent Expert pointed out that the lack of explicit prohibitions on age-based discrimination has in practice resulted in a "higher threshold" for demonstrating that discriminatory treatment is based on age (para. 42).

To bridge these and other gaps in protecting older people's rights and to improve awareness of and respect for their rights overall, Amnesty International supports the drafting of a binding UN treaty on the rights of older persons.

## Conclusions and Recommendations

Amnesty International's research in Ukraine highlights the multiple, intersecting forms of discrimination that older people face in situations of armed conflict and displacement. Poverty, disability, and age discrimination together create the risk that older people will be unable to access housing in displacement, will be forced to live in a state institution that infringes on their rights, or will continue to live in damaged housing that does not protect them from weather conditions and lacks electricity, heating, water, or gas.

Foreign governments and donor organizations should consider increasing humanitarian and development assistance to Ukraine and require that older people be among those prioritized in any programs of cash support, rental assistance, and compensation. Foreign governments should consider requiring that any reconstructed infrastructure built with foreign funds include certain quotas of accommodation for older people, particularly older people with disabilities, and meet clear standards of accessibility for people with disabilities. Finally, the international community can better secure older persons' rights both in Ukraine and beyond it by backing a binding UN treaty to protect their rights.



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# Home for the Homeless: Addressing the Increasing Problem of Abandoned Older Persons in the Philippines

**Rochelle S. Agualin**

*Coalition of Services of the Elderly (COSE)*

In the Philippines, people over the age of 60 are regarded as older persons. The proportion of the population aged 60 and over increased from 7.5% (7.53 million) in 2015 to 8.5% (9.22 million) in 2020. Females (55.5% or 5.12 million) outnumbered males (44.5% or 4.10 million) among senior citizens in 2020, continuing the trend from 2015 (Philippine Statistics Authority, 2022).

In the past two decades, Filipino life expectancy at birth improved by 1.4 years, from 69 years in 2000 to 70.4 in 2019 (World Health Organization, n.d.). In 2022, life expectancy at birth, based on the 2020–2025 Projected Population, was 78 years for women and 71 for men (Philippine Statistics Authority, n.d.-b).

By the year 2045, according to the latest 2010 census-based population projections, the Philippine population is estimated to increase to 142 million (from around 109 million in 2020). As the country's population grows, so will the proportion of older persons. They are expected to account for roughly one-tenth of the total population in 2025 and one-sixth in 2045. The proportion of those aged 65 and over, in particular, is projected to rise to 6.5% in 2025 and 11.4% in 2045 (Philippine Statistics Authority, 2014, 2022).

As the number of older persons increases and Filipinos' life expectancy improves, discussions on how to properly care for older persons – by family members and the government – continue. There is a growing need for age-friendly, easily accessible, and effective programs and services in sectors such as food, health, social services, and housing.

## Nursing and Temporary Shelter for Older Persons

The Philippines has enacted laws and policies to promote and protect the rights and welfare of older persons. The Expanded Senior Citizens Act of 2010 (also known as Republic Act 9994 [RA 9994]) comprehensively outlines the benefits and privileges of older persons, including 20% discounts on medicine purchases, transportation, hotels, restaurants, recreational facilities, places of leisure, and funeral services. It also emphasizes the right of older persons to long-term and palliative care, education, training and capacity building, as well as to social security and social protection (Republic of the Philippines, 2010).

Furthermore, RA 9994 emphasizes the national government's responsibility to (a) include special housing needs, such as the establishment of housing units for older persons, in its national shelter program and (b) provide incentives to encourage individuals, non-governmental organizations, residential communities, and retirement villages that provide care and services solely for older persons.

Moreover, there are existing policies and administrative and executive orders with provisions for living arrangements or group homes. For instance, Executive Order No. 105, series of 2002, directs some national government agencies, such as the Housing and Land Use Regulatory Board, the Housing and Urban Development Coordinating Council, the National Anti-Poverty Commission, and the Department of Social Welfare and Development (DSWD), to provide support and assistance in "the provision of group home/foster home for neglected, abandoned, abused, detached and poor older persons and persons with disabilities" (Republic of the Philippines, 2002, para. 7).

In 2010, the DSWD issued Administrative Order No. 5 (AO No. 5), which outlines broad parameters for executing the DSWD Long Term Care Program for Senior Citizens. AO No. 5 serves as a general guideline for direct implementers working for provincial, city, and municipal social welfare and development offices, as well as for social workers and others working in social welfare development agencies, non-governmental organizations, and people's organizations that provide community-based and residential-based services to senior citizens.

AO No. 5 integrates several programs and services such as (a) residential care services for abandoned senior citizens; (b) community-based services for senior citizens and their families; (c) home care support services, including hospice care, foster home care, family/kinship care, and caregiver support; and (d) volunteer resource services, which encourage and mobilize individuals and interested groups to conduct friendly visitor, volunteer companion, and intergenerational services (Department of Social Welfare and Development of the Philippines, 2010b).

While there are administrative and executive orders mandating government agencies

to provide services for older persons, caring for older persons remains principally the responsibility of the family. Younger family members are expected to undertake the responsibility of caring for their aging family members. Article XV in Section 4 of the 1987 Constitution clearly articulates that “the family has the duty to care for its elderly members but the State may also do so through just programs of social security” (Republic of the Philippines, n.d.-b). Article 195 of the Family Code also mandates family support for parents, including sustenance, dwelling, clothing, and medical attendance (Republic of the Philippines, n.d.-a).

Giving and paying respect through words and actions to an older member of the family or community is a distinct Filipino tradition. Affection and respect for older persons are deeply ingrained in the culture. But despite the lack of concrete data, it is undeniable that the number of older persons who are abandoned and homeless is increasing – even in a country where strong and close family ties are marked traits.

This can be attributed to reasons such as (a) family estrangement; (b) the incapacity of family members or their limited skills in caring for older persons, especially those with special health care needs; and (c) the financial inability of the family to meet the needs of the older person (Senate of the Philippines, 2020). As a result, some older persons choose to leave their homes, either because they feel unwanted or because they do not want to burden their children (Villanueva, 2022).

Over the years, the government, religious organizations, non-governmental organizations, and even the private sector have established facilities to provide shelter and a home to sick, abandoned, and impoverished older persons who have nowhere else to go or who require special care. While some abandoned and neglected older persons are able to find a new family in a temporary shelter, many remain homeless and continue to roam, sleeping in the street. The capacity of government-run institutions and nursing homes is limited, making it impossible to accommodate the increasing number of abandoned older persons.

The monthly cost of private homes and nursing facilities for the aged is well above the financial capacity of the average older person and their families. According to the Preliminary 2021 Family Income Expenditure Survey, a Filipino and a family of five members need at least 2,406 and 12,030 Philippine pesos per month, respectively, to fulfill essential food and non-food items and rise above the poverty line. However, this amount fails to cover the needs of each Filipino due to the high cost of commodities and basic necessities such as energy and water. Using this poverty line as a marker, there are 3.50 million poor households or 19.99 million poor individuals (Philippine Statistics Authority, n.d.-a). A brief web search reveals that private homes for the aged usually cost around 25,000 to 84,000 Philippine pesos every month, or as much as 151,000 Philippine

pesos, depending on the type of facility and the level of care required (see the list of homes for the aged and nursing homes in the Philippines that we checked at <https://www.webbline.com/nursing-homes/>). From this anecdotal evidence, we conclude that being housed in private facilities or nursing homes is a luxury that only older persons and their families who make above-average incomes can afford.

DSWD statistics show that four of the approximately 33 homes for the aged are government-owned facilities, while the remaining 29 are accredited non-governmental organizations or private social welfare agencies, including church-led home care institutions (Paguirigan, 2019). However, our web search revealed that there are in fact more than a hundred nursing homes and homes for the aged available in the country, with religious groups and non-governmental organizations managing and operating the majority of them (<https://www.webbline.com/nursing-homes/>).

GRACES (acronym for Golden Reception and Action Center for the Elderly and Other Special Cases), one of DSWD's four residential facilities for older people, takes care of at least 300 senior citizens who have been neglected or abandoned by their families. In principle, the center can only accommodate 200 occupants, but the number of residents has increased as senior citizens rescued from the streets by social workers and local government units have been brought there (OneNews, 2019). GRACES and other nursing homes or homes for the aged offer residential care or social services such as temporary shelter and preparation for the reintegration of the abandoned older person with their family or relatives (Department of Social Welfare and Development of the Philippines, 2012). For some older persons, nursing homes or homes for the aged become their permanent and final residence; some family members visit the home only after their parent's death to obtain the death certificate, which is required to acquire pension benefits and property bequeathed to them (Mayol, 2020).

In the 19th Congress of the Republic of the Philippines, which convened in July 2022 and will run until June 2025, there are already four Senate bills pending in the Committee of Social Justice, Welfare, and Rural Development that seek to establish nursing facilities for senior citizens across the country. For example, according to Senator Win Gatchalian's Senate Bill No. 950 (2022), nursing homes for abandoned and neglected older persons will be built in every city and municipality across the country; they will be operated and maintained by the DSWD in collaboration with local government.

Similarly, Senator Manuel Lapid (2022) filed Senate Bill No. 1201 that aims to build a nursing home for qualified homeless and abandoned senior citizens in every city or municipality in the Philippines. Abandoned older persons will be given the opportunity to reconcile and return to their families under this bill, and those who choose to leave the facility voluntarily may do so once they have recovered from their illness and have the capacity to care for themselves.

## Health Services for Older Persons

In 2010, DSWD issued Administrative Order No. 4, guidelines on Home Care Support Services for Senior Citizens (HCSSC). The HCSSC is part of the DSWD Long Term Care Program for Senior Citizens and is a strategy to improve the capacity of family members to care for vulnerable older persons. It promotes stronger bonds and relationships among family members and strengthens the concept of social responsibility, not just in the family but among other community members as well (Department of Social Welfare and Development of the Philippines, 2010a).

The HCSSC was developed in consideration of the rich experience derived from implementation of an earlier DSWD program, Neighborhood Support Services for Older Persons (NSSOP), and from the home care services implemented by the organization I work with, the Coalition of Services of the Elderly (COSE). The NSSOP is a community-based program that provides capacity-building activities for home care volunteers, coordinators, and family caregivers to enhance their ability to look after sick, frail, and bedridden older persons. COSE is a non-governmental organization that has been working with older persons since 1989. COSE promotes community-based programs for older persons such as health care, residential care facilities, age-friendly and diversified livelihoods, and disaster risk reduction and management (<https://cose.org.ph/>). As with COSE's Home Care Assistance Program, which I will discuss further below, in HCSSC, community volunteers are mobilized to share their skills and services with older persons.

Along with the rising need for free housing options for older people, there is also a rising demand for medical and health care services that are accessible and age-friendly. As an alternative to the high cost of health care services, COSE has implemented a Mobile Health Care Service.

In 2013, COSE observed that around 800,000 older persons were directly affected by Typhoon Haiyan (also known as Super Typhoon Yolanda). Houses and other infrastructure were completely destroyed, and older persons' livelihoods and sources of income were disrupted. There were few and inaccessible sources of clean and safe drinking water and very few health care services. More than 46,000 of the older people who were displaced were either in evacuation shelters or with relatives or friends. Those who had lost their families and loved ones relied on aid from government, private, and non-governmental organizations (ReliefWeb, 2013).

COSE and HelpAge International piloted COSE's Mobile Health Care Service among Typhoon Yolanda-affected communities in Leyte and Cebu as part of a joint response to the needs of older and vulnerable people. The project aimed to provide accessible basic health care to the community, with a particular focus on older, vulnerable people, by



visiting them in their isolated homes or shelters. The mobile health care nurses, all trained in geriatric care, visited older people and provided basic health care services such as blood pressure and blood sugar monitoring. COSE, through the project, procured motorcycles to be used by the mobile health care nurses (for more information on the project as it rolled out among isolated older persons in 2013, please watch the film at <https://www.youtube.com/watch?v=feLkhul8srs&t=3s>). Post-Yolanda, COSE currently operates its Mobile Health Care Service in six municipalities.

COSE has also implemented a Home Care Assistance Program to facilitate older persons aging in their own homes or living with or near their families and friends. A set of services can be delivered directly to older persons in their own homes, responding not only to the medical needs of those persons but also to some of their psychological, emotional, social, and spiritual needs.

### Figure 1

*A Sick Older Man in Agusan Del Sur Who Is Regularly Visited by COSE Mobile Health Care Nurses and Home Care Volunteers*



*Note.* By COSE.

These home care services provide assistance in the activities of daily living such as bathing, grooming, dressing, meal preparation and eating, taking medication, physical exercise, and doing errands.

A team of home care volunteers, consisting mostly of older persons and health workers from the *barangay* (village or district) who are trained in geriatrics, is able to respond to the health needs of older and vulnerable individuals in their communities. Through home visits, they provide basic health services such as vital signs check-ups, referrals, and home care. The volunteers also provide health awareness and information to older persons and their families on issues such as hygiene, nutrition, water and sanitation, and infectious diseases.

Home care volunteers can also provide respite care for family caregivers who are exhausted by their responsibilities. Respite care can prevent family breakdown and enhance an older person's quality of life. Volunteers serve as companions, providing social support and recreational and socialization activities. They demonstrate to family members or caregivers the proper care and management of older persons, especially the sick and bedridden.

COSE acknowledges that its programs and services, including the Mobile Health Care Service and Home Care Assistance Program, cannot address all the rising health care needs of older persons, and that these programs cannot be sustained by COSE alone. Currently, COSE implements the Mobile Health Care Service in six municipalities in Northern Samar, and its Home Care Assistance Program in 15 municipalities (six in Northern Samar, five in Agusan del Sur, and four in Camarines Sur). To sustain these programs and services, COSE continues to lobby local government to pass an ordinance adopting the Mobile Health Care Service and Home Care Assistance Program.

## COSE's Group Home for Homeless Older Women

Although actual data are missing, experience in the Philippines and elsewhere demonstrates that cases of abandonment and neglect of older persons are increasing and becoming a concern in many of the countries where the population of older persons continues to grow. To help address this issue, COSE established what it calls a Group Home in 1992.

The Group Home is COSE's community-based and residential care facility for abandoned older women. The concept of the Group Home is based on the idea of aging in one's place; abandoned and homeless older women may not be living in their own original homes, but in a Group Home they continue to be part of the community, can still participate in various activities within the village or district, and can contribute to community building (for a vivid sense of life in an established Group Home, please watch the film at [https://www.youtube.com/watch?v=P33KYqEO\\_zE](https://www.youtube.com/watch?v=P33KYqEO_zE)).

The idea of a Group Home came up in 1991 during a consultation meeting between COSE and a number of older persons. Their issues and concerns included the increasing number

of older persons being placed in Golden Acres (now known as GRACES), the residential care facility run by DSWD, in spite of the fact that a number of these older persons were still independent and physically capable. COSE and DSWD then conceptualized the idea of putting some of these older persons in a place where they could live independently and become productive members of a community. In fact, most of the women residents in COSE Group Homes were originally housed in Golden Acres; it was agreed between COSE and DSWD that once these older women became frail, they would return to Golden Acres. However, as Golden Acres becomes increasingly crowded, older women residents in COSE Group Homes do not want to go back there.

COSE maintains two Group Homes in Dela Costa Homes III, Barangay Graceville, San Jose Del Monte, Bulacan. The houses were bought by Misereor Germany, the German Catholic Bishops' Organization for Development Cooperation, and turned over to COSE in 1992. The Group Homes are managed by COSE with the assistance of three regular caregivers and volunteers. In the interests of promoting intergenerational solidarity, the Group Homes encourage individual volunteers and those from caregiver training institutions to play an active role in facilitating residents' participation in different activities and providing better care.

## Figure 2

*The Lolas of the COSE Group Home in San Jose Del Monte, Bulacan*



*Note.* An older woman is affectionately and respectfully referred to as *Lola* in the Philippines. By COSE.

Residents of the COSE Group Homes pay no occupancy fees. To cover operational costs and the daily needs of the residents, including food, hygiene supplies, and medicine, COSE relies heavily on charitable donations from individuals and corporate bodies. As the Group Home is community-based, local stakeholders also provide assistance and support. The local government unit of Barangay Graceville provides a monthly subsidy of a sack of rice, and the city health office of San Jose Del Monte provides free health services. COSE Group Home neighbors also on occasion assist residents and caregivers with everyday chores.

Of the original 32 residents in 1992 (the majority of whom are deceased; some of whom returned to their families), only eight women, ages 71 to 94, remain. Three of these residents are showing signs of early dementia. Although COSE wants to accept more residents, it is unable to do so due to limited resources. Despite this challenge, however, COSE is committed to continuing to manage its Group Homes, not only because this is part of its vision – which is to realize an age-friendly society where all older persons live in dignity, remain healthy, self-reliant, and secure, and are free to commit themselves to others and society – but also to help address the growing concern about older persons' abandonment in the country.

The plight of older persons is not theirs alone. The concerns of older persons should be shared by their family, their community, and their country. And it is critical that their concerns are addressed as early as possible.

## Conclusion

National laws and administrative and executive orders that recognize and promote the rights and welfare of older people, as well as free and holistic care services provided by private and non-governmental organizations, are significant steps toward addressing the growing issues of abandonment and homelessness. To help address the issues of abandonment and homelessness and to provide basic health care services for older persons, particularly the sick, bedridden, and living in hard-to-reach communities, COSE will continue to operate its Group Homes and implement its Home Care Assistance Program and Mobile Health Care Service.

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# Senior Housing as an Aging-in-Place Enabler: Current Korean Programs and Future Projects From Environmental and Gerontological Perspectives

**Sojung Park**

*Brown School of Social Work at Washington University in St. Louis*

**Byeongju Ryu**

*School of Social Work at Boston College*

**Sehyun Baek**

*Brown School of Social Work at Washington University in St. Louis*

**Ahra Ko**

*School of Social Welfare at Yonsei University in Seoul*

With populations aging and care needs increasing, senior housing with supportive services has emerged as an effective alternative to early and involuntary relocation to nursing facilities, helping older adults stay in the community. Drawing upon the ecological theory of aging and the Person-Environment Fit perspective, this article introduces a conceptual framework that types senior housing models. The article also provides an overview of supportive housing models for older adults in South Korea, discusses current issues in existing models, and introduces two innovative housing programs in Korea. Lastly, the article suggests that the senior housing with supportive services model has policy implications as an aging-in-place enabler.

## Person-Environment Fit Perspective on a Housing-Based Aging-in-Place Framework

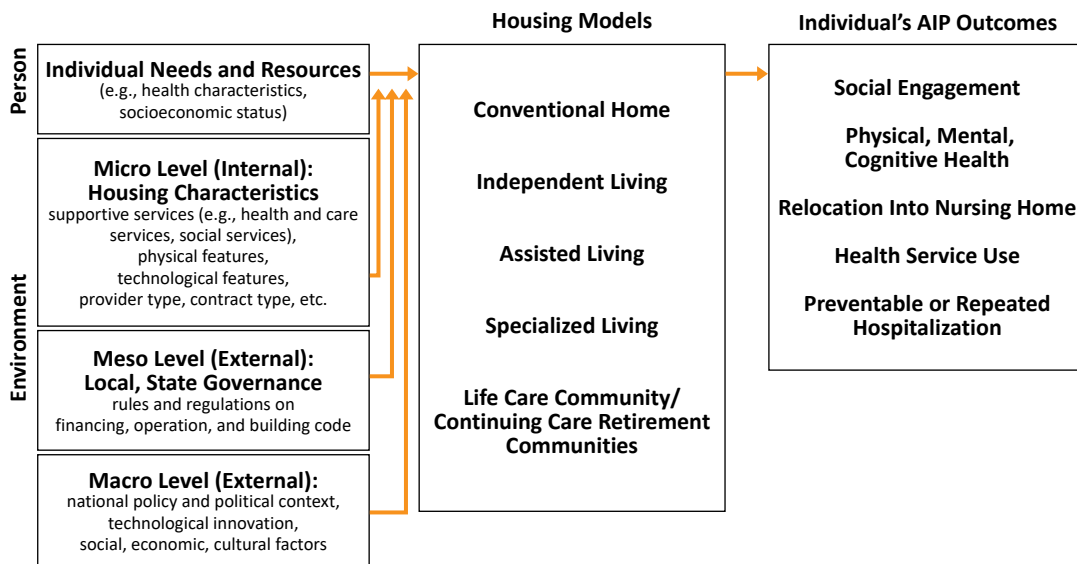
Aging in place (AIP) can be defined as living in a home or place where older adults wish to reside, while maintaining relationships with family, friends, and neighbors, receiving appropriate support and protection, and experiencing a good death (Lee et al., 2017). The environmental perspective (Lawton & Nahemow, 1973; Wahl et al., 2012) suggests that persons within particular subgroups may be at risk of maladaptation – low well-being and life quality – depending on the level of fit between their needs and available environmental resources. From this perspective, people can age optimally if environmental characteristics support them in a way that compensates for their limitations or lack of resources. Often referred to as the Person-Environment Fit (P-E Fit) perspective, its theoretical proposal has been extensively applied in examining the relationship between aging individuals and their environment, as related to the process (e.g., preventing forced relocation) and outcome (e.g., morbidity and mortality) of AIP.

In conceptualizing a housing-based continuum for AIP, the core idea of P-E Fit can be extended to predict the extent to which the relationship between the needs and resources of aging individuals and their environment determines varying options of housing models in a society. A comprehensive conceptual framework can be used as a central reference to determine the levels and nature of housing options, based on a fit between individual characteristics (e.g., residents' socioeconomic characteristics and health status) and a multiple-factor environmental context (e.g., physical, social, and service environments). This framework enables each country to position their respective state of supportive housing within a broader and more holistic perspective. It allows for a focused examination of the interface between the existing supportive housing environment as a facilitator of AIP and the well-being of older people.

Several common components can be distilled from the existing literature on conceptual frames or ideas about housing models for older people. The chief common components are found largely at three levels. At an individual level, needs for health and support are considered to determine an appropriate level of care, and financial resources are also an important factor determining the affordability of various care packages. Community-level factors encompass coordinated or integrated delivery mechanisms, including local and state regulations governing financing and operations, as well as various contractual partnership programs with local service providers. At a societal and policy level, several macro factors such as national, political, and policy contexts are considered. This multi-level, layered concept is emblematic of P-E Fit; it suggests there is a potentially unknown number of possible housing options. Figure 1 presents a simplified and schematic conceptual frame of a housing-based AIP determination process for an individual person.

**Figure 1**

*Conceptual Framework of a Housing-Based AIP Determination Process*



*Note.* This conceptual framework describes personal and environmental factors in determining residential options for individual older adults' AIP-related outcomes. From "Senior Housing With Supportive Services for Low-Income Older Adults in the United States," by S. Park and B. Ryu, 2022, *Health and Welfare Policy Forum*, 322, p. 79 (<https://repository.kihasa.re.kr/handle/201002/40866>). Copyright 2022 by Korea Institute for Health and Social Affairs. Reprinted with permission.

In the past, older adults had residential options that were limited to conventional homes and nursing facilities. However, in many countries, housing alternatives have emerged to occupy the space between these two options. The residential options available depend on the type of services provided. As depicted in Figure 1, the residential continuum includes independent living facilities (ILF), assisted living facilities (ALF), specialized care units, and continuing care retirement communities (CCRC). ILF typically consists of multi-unit properties designed exclusively or primarily for older adults. This type of facility generally provides minimal health services (e.g., elementary health screening) but supplies social services, including a variety of support and assistance programs to enhance the well-being of residents (e.g., meal and transportation services, social activities, and housekeeping). The ILF model varies from low- to high-income households, and units are primarily occupied by individuals without health issues or with mild functional limitations. Like ILF, the ALF model also provides private units to residents but offers enhanced medical services. Onsite professional medical personnel, such as registered nurses, provide higher



levels of care, including 24-hour health monitoring. In general, ALF is not accessible to low-income older adults due to high occupancy costs; it is typically middle-class or higher-income people who occupy these facilities. Memory care units, a common type of specialized unit that offers care for those with dementia and cognitive impairments, are often attached to ALF. CCRC offers a wide range of services to meet the care needs of residents; within a single residential complex, accommodation ranges from ILF and ALF to nursing facilities. However, CCRC is very expensive and is mainly occupied by high-income individuals.

## The Residential Continuum for Older Adults: The Case of South Korea

South Korea is currently experiencing the fastest population aging rate among the 38 OECD countries (OECD, 2021). The Ministry of Health and Welfare in South Korea (2021) predicts that by 2026, approximately 40% of the country's population will be aged 65 and older. This demographic shift has led to increasing demands for healthcare and long-term care services, which have placed a financial strain on the national health and long-term care insurance system in Korea. To address this issue, the Korean government has implemented a welfare policy for older adults aimed at promoting AIP and preventing involuntary relocation to long-term care facilities such as nursing homes (Korea Ministry of Health and Welfare, 2021). In addition, the preference for AIP among older adults in South Korea has resulted in the need for diverse residential options for older populations (Lee et al., 2020). These include various housing models for seniors that provide supportive services such as health and social services, and are delivered with community resources rather than in institutional settings. These types of housing are designed to cater to the heterogeneity of health and functional status and income levels among older adults (H. Kang & Yoo, 2014).

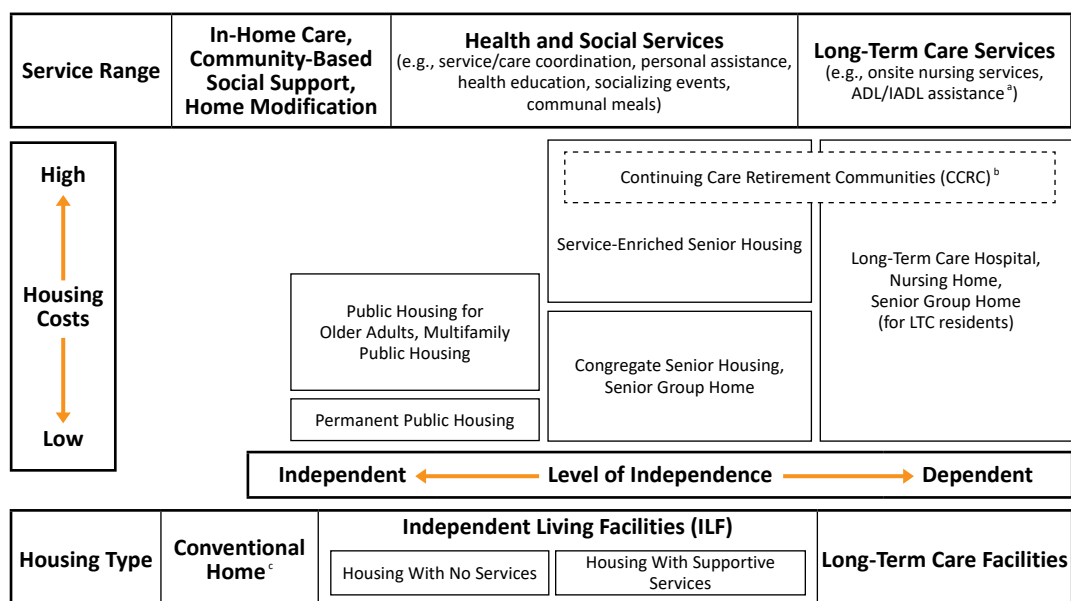
In addition to conventional homes, long-term care (LTC) facilities, and CCRC, three types of senior housing with supportive services are also available in South Korea: (a) congregate senior housing, (b) senior group homes, and (c) service-enriched senior housing. These types offer independent living with non-LTC services but provide supportive services, such as service and care coordination, personal assistance, health education, social events, and communal meals, to residents. Congregate senior housing and senior group homes are typically publicly subsidized housing options that provide affordable alternatives for low-income older adults. These two types differ in unit size and staffing requirements. Congregate senior housing can accommodate more than ten residents and must be staffed with at least one social worker, along with a nurse, a certified cook, and a care assistant. A senior group home, on the other hand, is a smaller model that admits fewer than ten residents and must have at least one social worker, nurse, or certified care assistant. Service-enriched senior housing is primarily occupied by individuals with high income levels. This housing option features a minimum of 30 units and must be staffed with at least one executive director, social worker, and operations manager.

## **Current Issues in Residential Options for Older Adults**

Despite the growing need for AIP and community-based senior housing models, the existing literature suggests that the current residential continuum in most countries will require a more diverse range of housing options to cater for the heterogeneity of health and functional status as well as income levels of older adults. Figure 2 depicts the current housing options available to older adults in South Korea based on their level of independence and housing costs. Previous studies with a focus on Korean cases have identified several gaps. To illustrate the issues in Korea more effectively, Figure 3 presents the residential continuum for older adults in the United States for reference and comparison.

**Figure 2**

*Housing Options for Older Adults in South Korea*



*Note.* The housing types in the figure only represent the national-level models in South Korea; regional or emerging models are not included. The figure was created by integrating and collapsing the categorization from three published studies (E. Kang et al., 2019; Kim & Park, 2019; Park et al., 2017).

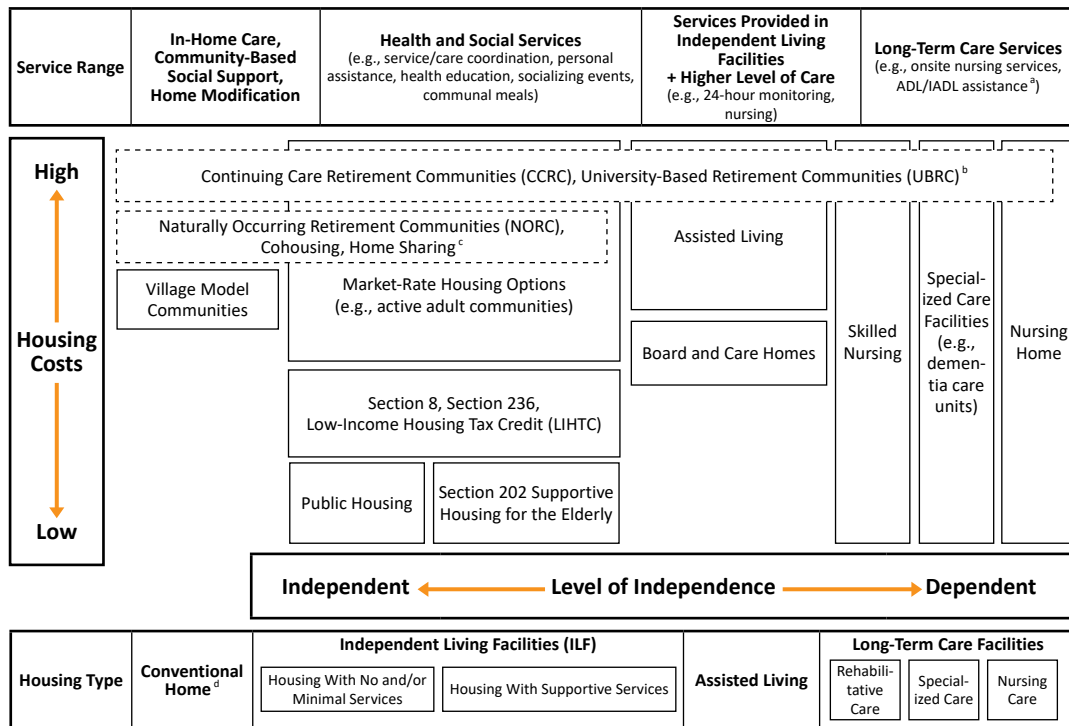
<sup>a</sup> Activities of daily living (ADL) refers to basic self-care tasks such as eating, dressing, and bathing, while instrumental activities of daily living (IADL) refers to more complex tasks such as managing finances, transportation, and medication.

<sup>b</sup> The squares lined with dashes represent intersecting categories of housing model.

<sup>c</sup> This figure assumes that people in conventional homes are ILF more independent than their peers in other housing types. The purpose of this figure is to illustrate the diverse housing options available to older adults in South Korea within the context of a continuum of care options. Conventional homes can encompass a broad spectrum of services, ranging from no assistance to long-term care or end-of-life care. Certain housing types may lack clear boundaries and cannot be exclusively categorized.

**Figure 3**

*Housing Options for Older Adults in the United States*



Note. The housing types in the figure only represent the national-level models in the United States; regional or emerging models are not included. Adapted from “Aging as a Negative Process Yields No Solution: Embracing the Prospect of Aging in Community as a Starting Point,” by S. Park, 2023, *Dong-A Business Review*, 367, p. 61–67 ([https://dbr.donga.com/article/view/total/article\\_no/10833](https://dbr.donga.com/article/view/total/article_no/10833)). Copyright 2023 by DUNET Inc. Adapted with permission.

<sup>a</sup> Activities of daily living (ADL) refers to basic self-care tasks such as eating, dressing, and bathing, while instrumental activities of daily living (IADL) refers to more complex tasks such as managing finances, transportation, and medication.

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In Korea, there is a lack of non-institutional or community-based housing options that offer services and care beyond a few supportive housing models such as congregate senior housing, senior group homes, and service-enriched senior housing (Park et al., 2017). In addition to senior housing with supportive services models, a more diverse range of community-based housing options is available in the United States, including cohousing, naturally occurring retirement communities, and villages that aim to foster a sense of community among residents. While there has been recent interest in alternative housing models in South Korea, current housing policy focuses primarily on expanding the provision of independent living housing with minimal care support (Korea Ministry of Land, Infrastructure, and Transport, 2020). There is a lack of alternative housing models such as assisted living facilities and the kind of board and care homes offered in the United States for older people who require a higher level of support than what is available in independent living facilities, but not as much as in long-term care facilities (Park & Ryu, 2022).

Additionally, supportive housing models for older adults in South Korea are generally not accessible to those with middle incomes. Among the three types of senior housing, most congregate senior housing and senior group homes receive government subsidies and can admit low-income or extremely low-income older adults (E. Kang et al., 2019). But compared to congregate senior housing and senior group homes, residents living in service-enriched senior housing are predominantly high-income, paying higher rents and deposits. While a few models of service-enriched senior housing are provided at an affordable price through government subsidies, they have income eligibility requirements and only accept low-income older adults. Some local governments in South Korea have been operating community-based housing projects that combine housing and services to address the issues in existing housing models (e.g., *서울시 안심가득 노인지원주택* [safe senior support housing by Seoul metropolitan government], *보린주택* [Borin house in Seoul], and *아리움* [Arium in Seongnam-si]). However, these projects are limited to specific regions and mostly target low-income older adults (Park, 2023).

It has been reported that there is a shortage of staff responsible for providing and coordinating services for residents in the low-income model. Social workers or property managers at these complexes are responsible for handling resident complaints and coordinating and providing services. However, due to shortage of staff and lack of budget, one person frequently combines both roles, which can make it difficult to ensure expertise in service coordination: The boundary between the roles of social worker and property manager is not clearly defined (Choi et al., 2015; Lee, 2020). In addition, there is a need to facilitate substantial collaboration between related government departments in order to support the AIP of older people effectively (e.g., the Ministry of Health and Welfare responsible for health and social services and the Ministry of Land, Infrastructure, and Transport responsible for housing construction and operation) (M. Kang et al., 2020).

## Innovative Senior Housing Models in South Korea

### *Community-Based Housing for Low-Income Older Adults*

A unique subsidized senior housing program has recently been developed and implemented in Korea. This model, called *Haesimdang*, involves publicly subsidized and community-based senior housing that aims to promote a sense of community. To be eligible to live in this housing, individuals must be members of one- to two-person low-income households, aged 65 or older, and living in the Dobong-gu area in Seoul. The name *Haesimdang* means a house where you can live in a peaceful frame of mind, reflecting the hope that this kind of residence can reduce the anxiety that many experience as they enter old age. Unlike existing residential facilities for older adults that are socially isolated from the local community, *Haesimdang* is situated in an area well-equipped with infrastructure such as subway stations, community centers, social service organizations, and markets. This allows older residents to age in place and stay connected to the local area. *Haesimdang* structures employ universal design to create accessible environments that can accommodate the needs of people with disabilities and individuals with limited mobility. The floor plans are organized to suit the characteristics of the household, with the first floor being suitable for residents with disabilities, the second floor designed for women, the third floor for men, and the fourth floor for couples. One of the key features of the model is that it facilitates a sense of community both among *Haesimdang* residents and between them and residents of the area. Communal living rooms and work spaces are available on each floor, and a garden is located on the rooftop. These shared spaces promote social connections between *Haesimdang* residents and may help prevent lonely deaths among *Haesimdang* residents, a growing concern in Korea. A cafe on the first floor is available for use by both *Haesimdang* residents and local community members, facilitating broader social interaction. In addition, *Haesimdang* provides work opportunities to their residents. For example, a *Haesimdang* resident with a barista license could obtain paid work in the cafe. Additionally, more than 200 types of vegetables are planted in the garden on the rooftop, and some of these vegetables are sold in a local market.

### *Active Adult Model for Middle-Income Older Adults*

The authors of this paper are presently collaborating with a leading non-profit organization in Korea to develop a resident-engaged and community-based senior housing model targeting middle-income and active adults aged 60 and above. The proposed model will be the first of its kind in Korea, where affordable senior housing is virtually non-existent,

particularly for middle-income baby boomers aged 60 and over. The project, scheduled to open in 2025, will comprise a small-scale senior housing community accommodating around 50 households. Residents will be offered basic health and social services such as health checkups, meal services, and housekeeping. They will be able to participate actively in program development and operation and be encouraged to make social contributions through volunteer work with their neighbors, which will improve their individual quality of life by alleviating loneliness and expanding their social networks. This innovative project will serve as a model for facilitating social involvement in housing for middle-class, relatively healthy, and active older people. Its unique features cannot be found in existing residential models for older adults in Korea. Moreover, it will contribute to alleviating ageism and challenging negative stereotypes of older people, creating social value, and promoting a more cohesive local community, since it will demonstrate that retirees in Korea can perform socially valuable roles and provide the first example of *Social Role Valorization* in senior housing. While the design and environment of the housing will be mostly determined by the developers, the residents will participate actively in the development of programs operated within the community. This is a wholly different approach from the top-down service delivery model, where service providers plan and provide services to passive recipients.

## **Policy Implications of Expanding Senior Housing as an AIP Enabler**

This article argues that the most pressing challenges facing senior housing as a policy tool for enabling AIP are likely to be (a) issues related to residential options for middle-income older adults and (b) concerns surrounding *well-dying* in senior housing.

## **Expansion of Residential Choices for Middle-Income Older Adults**

To expand the supply of senior housing, capital support and tax benefits for developers may be needed. In Japan, *高齢者の居住の安定確保に関する法律* [the Law on the Stability of Older Residents], enacted in 2001, was revised in April 2011 to encourage developers to build housing for older adults with mild functional limitations. This revision made tax incentives and subsidy support available for senior housing development, leading to an increase in the supply of *サービス付き高齢者住宅* [senior housing with supportive services] (Atsushi, 2017). The primary rationale for this revision was that a growing number of middle-income older adults who could live independently faced a lack of residential

choices, particularly due to high relocation costs among existing models. To increase the supply of senior housing with supportive services for these middle-income individuals, private businesses and landowners are provided with construction subsidies, tax credits, and other incentives.

To meet the growing demand for senior housing, the current reverse mortgage programs in operation in Korea will need some revision. A significant number of older individuals in Korea rely on reverse mortgages, which involve the government guaranteeing that homeowners can continue to reside in their homes and receive a monthly pension by using their homes as collateral. However, only homeowners are eligible for reverse mortgages, and most senior housing options in Korea involve rentals. Furthermore, many older individuals in Korea have a strong desire for homeownership, since they expect the value of their properties to increase and want their children to inherit. As a result, they are unlikely to sell their homes to pay for senior housing. Therefore, it is essential to establish a means of securing a steady stream of income without people having to sell their properties. Ju et al. (2020) have proposed that reverse mortgages could be extended to individuals residing in rental senior housing to provide them with benefits as well.

## *Well-Dying in Senior Housing*

AIP implies not only that individuals are able to live in their own homes or communities but also that they will ultimately achieve a good death (well-dying) in their homes (Lee et al., 2017). Place of death is a significant concern particularly among the oldest-old and individuals receiving hospice or end-of-life care. Well-dying involves people receiving adequate care while remaining in their homes rather than being involuntarily relocated to a nursing home or other institutional setting until the end of their lives. One way to partially help people achieve a good death is by providing hospice and palliative care services in senior housing.

However, it remains unclear whether there are sufficient residential options available in Korea that can support achieving well-dying, and if discussions on this matter are currently taking place. In the United States, the utilization of hospice services in assisted living has become more prevalent. A significant number of beneficiaries of Medicare (a federally funded health insurance program for older adults and those with disabilities in the United States) who received hospice services and died in the community between 2009 and 2015 were reported to have been beneficiaries of assisted living. Approximately three-quarters of those who died in assisted living settings were found to have used end-of-life care services in some form at the time of death, reflecting people's desire to die in the place they live rather than in the hospital. Examination of dying trajectories among assisted



living residents showed that differences depended on the level of state government regulation surrounding outsourced services, pain medication delivery, authorized levels of care, dementia-specific provisions, and accessibility of nursing personnel; all these factors potentially accounted for the disparities observed between states (Thomas et al., 2020). While there are no statistical data on mortality rates among residents in senior housing other than assisted living in the United States, the availability of end-of-life care in senior housing is likely to have contributed to an increase in death at home. The UK has established a national end-of-life care initiative for a good death and has been striving to expand care for all end-of-life patients, not just those with terminal cancer, since 2004. Princess Alice Hospice provides hospice services in the home or in community clinics. In Taiwan, all inpatient facilities provide home-based services (with an average hospital stay of about 13 days and less than 50% hospital deaths), and benefit coverage has been expanded to include non-cancerous diseases with the implementation of a local community-based pilot program that offers outpatient, home-based, and advisory services.

In South Korea, end-of-life care services are currently limited to patients with four specific diseases (cancer, acquired immune deficiency syndrome, chronic obstructive pulmonary disease, and cirrhosis) and are mainly provided through hospitalization in medical facilities. Starting in September 2020, home-based hospice services were introduced in an effort to establish a regulatory framework for well-dying. However, it is unclear to what extent well-dying is being achieved in residential settings other than conventional homes and nursing facilities, and there is a need to investigate the efforts being made in this regard.

## Conclusion

Senior housing with supportive services can enable older adults to remain in their community and maintain their health and well-being. Drawing on the housing-based AIP framework, older adults in South Korea may need a variety of non-institutional or community-based housing options that provide supportive services tailored to their socioeconomic status and health and functional needs. From a policy perspective, it is crucial to include residential options for middle-income older adults. Additionally, AIP policy must prioritize assisting older adults in senior housing to attain a dignified end-of-life experience.

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