

Social Sector-led Elderly Housing in Denmark and Japan

Housing for Older Population¹

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The Danish Cohousing Experience

Denmark, among the Nordic countries and in the world, has been a pioneer in social-sector-led elderly housing. It is especially known for a high level of participation from the social sector and a generally high standard of retirement housing design and service delivery. The social sector² provides for some 20% of social housing in Denmark whereas the government provides for just 2%.

A great majority of the elderly in Denmark live in general housing and they can access government subsidies for housing modifications to make their homes more

¹ This is an evolving database. We will be adding more examples and cases over time.

² The social sector is variously referred to as the civic sector, community sector and third sector, in contrast to the public (government) and private (business enterprises) sectors. The social sector is made up of non-governmental and non-profit organisations that take up social or welfare role and activities.

elder-friendly. A similar case prevails in retirement housing; the bulk of these are provided by the social sector and local municipalities. The variety of such housing includes independent housing, group homes and accommodations with intensive care provisions.

To understand the landscape of elderly housing in Denmark, it is helpful to look at the institutional and policy contexts that supported such development. Elderly housing provision in Denmark is underpinned by four main policy principles: government responsibility, ageing-in-place, de-institutionalisation and privatisation of elderly care.

Government responsibility refers to the state's role in place of the family's role in taking care of the aged as part of the country's universal welfare system. Municipalities bear responsibility in supporting, allocating and/or providing subsidised retirement housing and free access of care services to the elderly according to their need.

Ageing-in-place refers to the concept of remaining in one's own dwelling as one ages. This is the predominant practice and preference for ageing Danish people, at least until their spouse dies or when the need arises for a greater level of care when they have an

illness or disability. The overarching Danish policy to delink care services with accommodation is in part to more effectively allocate care services to the elderly who remain in their own dwellings.

De-institutionalisation or the phasing out of conventional nursing homes, a unique forward-looking policy set as early as 1987, demonstrates Denmark's resolve to stop the building of new institutional nursing homes. It is a major pillar in Denmark's innovative responses for alternative elderly housing policy, arrangements and typologies.

Privatisation of elderly care in Denmark is pursued as a policy plank to provide greater choice to care recipients. At the same time, it broadens the supply of qualified care providers and ageing-in-place and de-institutionalisation agendas.

Retirement housing can be grouped into four main categories: social retirement housing, sheltered housing, extra care housing and co-housing. While the first three types are more prevalent, the latter typology – cohousing may be considered as a distinct Danish example in innovative, ground-up initiative. Started more than 20 years ago, cohousing has emerged as an attractive option for elderly dwelling.

Cohousing in the Danish and wider Nordic context can be thought of as a “form of intentional community”³, which allows residents to be engaged within a close-knitted community while preserving privacy and autonomy in their private dwellings. This resides firmly within the Danish housing policy ethos that “housing policy builds communities and not just homes and that urban environmental improvement requires social cohesion to succeed and promotes cohesion when it does”⁴.

Since the 1990s, cohousing development in Denmark has evolved from being purely social-led to become more organised and with a broadening of stakeholders to include the municipalities and housing associations. Cohousing may be led by the social sector or privately organised by neighbours or members of a community. It could take place under different ownership arrangements such as non-profit, cooperative or owner-occupied housing. As of 2010, there are 700 cohousing projects and out of which 250 are senior cohousing communities. An increasing proportion is targeted specifically at, or including, the elderly within the mix of residents.

³ H. Bamford (2005) Cohousing for older people: Housing innovation in the Netherlands and Denmark, *Australasian Journal on Ageing* 24(1) March 2005, Brief Report 44 – 46, p44.

⁴ European Parliament, Housing Policy in the EU Member States, http://www.europarl.europa.eu/workingpapers/soci/w14/text_2_en.htm. Accessed 29 July 2016.

Architectural typologies may vary in the form of cluster housing or blocks of apartments, etc. Residents live in private dwellings organised around communal spaces and rooms such as gardens, common rooms, kitchen, dining rooms, etc. Residents may also take part in regular recreational activities and communal meals.

A 2007 survey conducted by DaneAge finds that cohousing is the most preferred choice for elderly who are unable to remain in their own homes due to illness. Another study⁵ carried out from 2011-2012 on 500 cohousing respondents across 26 such communities finds that the two main reasons that respondents choose to move into cohousing is that they viewed cohousing as an attractive way to live in old age and to down-size. The second key attraction was the community environment enabled by cohousing, which enriches one’s life quality in old age because social connections are strengthened as compared to living in conventional housing.

⁵ Pedersen, M. (2015) Senior Co-Housing Communities in Denmark, *Journal of Housing for the Elderly* 29:1-2, 126-145.

The Japanese Group Homes and Takuroujo Experience

In a very different geographical and cultural context of Japan, a similar strand of thinking has taken shape about what constitutes a socially, psychologically and physically healthful living environment for older people who are not able to remain within their own residences and require some level of assistance and medical care. What are the alternatives to nursing homes that would help strengthen a sense of normalcy and continuity of life, and help the elderly preserve a degree of autonomy and remain engaged with their community?

Japan is a super-aged society with more than a quarter of its population above the age of 65 (while Denmark is an aged society with 18% of its population aged 65), and the country continues to rapidly age. With the great demand in elderly accommodation and services, there is a broad spectrum of housing offering varying levels and arrangements of assistance and medical care provided by the public, private and social sectors.

While most Japanese elderly age in their own homes, there is a significant and growing number requiring medical and nursing care who are seeking places in nursing homes or

alternative accommodations that can provide them with the level of care required. The demand of nursing homes currently outstrips the supply, with some 400,000 seniors waiting for space in public nursing homes. The demand opens opportunities for other stakeholders, e.g. private sector, social sector, local communities to provide alternative elderly housing.

While the supply of institutional housing has expanded, being supplemented by the private sector, such housing has been criticised widely for not providing sufficient quality of life for the elderly, compromising their autonomy, sense of dignity and opportunities for social connections.

Perhaps in response to the shortfall of elderly accommodation and in an attempt to seek a better solution to elderly housing, Japan is going through “residentialisation” of elderly institutional facilities. This may be considered a hybridised form of combining homely environments and the provision of assistance and care services of nursing homes. The concept and implementation of such small-scale, community-based homes for the elderly are similar to the rationale behind Denmark’s elderly cohousing and they bear certain similarities.

One of these typologies is the group home for the elderly, provided for those who are healthy or need minimal care services though in some cases these also admit people with dementia. Group homes are usually organised by non-profits and some may even be ground-up initiatives self-organised by local communities or by groups of elderly people themselves. Some may receive public funding.

These small-scale homes, accommodating about ten elderly persons, are generally located within typical residential communities. The intention is to allow the elderly to continue to age in environments in which they are familiar and remain within the wider community instead of being in a separate age-specific environment. The older people in these homes enjoy a greater degree of freedom and independence, as they are not subjected to rules and timings for meals, activities and bedtimes typically practiced in nursing homes.

Another is the residentialised community-based care facility--the privately managed, small-scale *takuroujos* (which means "homelike place for the elderly"). These facilities provide all or a combination of services such as day-care, short-stay respite care and/or group living for the elderly. The *takuroujos* are similar to the group homes in their operations and set-up, accommodation

facilities and location in neighbourhood context, which are a departure from conventional nursing homes.

There are different types of *takuroujo*, e.g. the single house, multiple houses and satellite arrangement. A single house is usually converted from a single large residential dwelling that can accommodate all necessary functions. A multiple-house typology consists of two or more dwellings that are adjoining or modified to adjoin. A satellite typology refers to facilities housed with a cluster of residential dwellings that are located in vicinity to a medical facility such as a hospital or nursing home.

In comparison to Denmark's long tradition of social welfare and its well-organised social sector, Japan appears to yet be in an earlier development stage. In the assessment⁶ of such small-scale social sector-led elderly homes, it is found that much of these are ground-up, privately managed initiatives that go through processes of trial and error instead of having an established model. And there are a number of other accompanying problems such as not having qualified caretakers, lack of resources, and the challenges of stability of management and localised administration of such facilities.

⁶ K. Ohara (2006) New trials of the elderly living in Japan – Community-based care facilities. Paper presented at ENHR Conference: Housing in an expanding Europe: Theory, policy, participation and implementation, Ljubljana, Slovenia, 2 - 5 July 2006.

Despite these issues, the community-based typologies elderly housing play an important role to fill the gap in Japan's landscape of regimented arrangement of elderly housing with care models. These social-led initiatives rank high on their homely atmosphere and providing the sense of community that residents enjoy. Given the Japanese elderly's preference for such accommodations over nursing homes, a greater measure of support and resources from municipalities would be helpful in giving impetus for these new typologies to thrive.

The Danish and Japanese endeavours showcase intimately scaled, resident-oriented alternative typologies that have been gaining ground and acceptance as a preferred form of elderly housing as compared to institutionalised nursing homes. Despite distinct differences in cultural and institutional contexts of Denmark and Japan, both developments aspire towards providing a home-like environment, often located within typical residential neighbourhoods to maintain a sense of community and continuity as far as possible in the lifestyle and environments of the elderly. Residents have a much greater degree of privacy and autonomy as they continue to live in private dwellings and have services customised according to their needs. The philosophy behind these social-sector-led housing typologies has the

potential to be adapted to varying cultural and national contexts.

Source: K. Scanlon and H. Vestergaard (2007) Social housing in Denmark in C. Whitehead and K. Scanlon (Eds) *Social Housing in Europe*, LSE London, London School of Economics and Political Science; L. S. Henriksen, L. Høegmark, M. Kähler and K. Zahle (1991) *Sammen—og dog sig selv* [*Together - and your self*]. Copenhagen, Denmark: Socialministeriets Informations og Konsulentvirksomhed; M. Kähler (2008) Trends in housing for elderly people in Denmark. HOPE Conference on Trends in Housing for Older People, Copenhagen; M. Pedersen (2015) Senior Co-Housing Communities in Denmark, *Journal of Housing For the Elderly* 29:1-2, 126-145; *The Japan Times*, (6 January 2014) 'Retirement homes come of age in booming market,' <http://www.japantimes.co.jp/community/2014/01/06/how-tos/retirement-homes-come-of-age-in-booming-market/#.VvnyKmAsmfR>. Accessed 29 July 2016.