

Designing Long Term Care Accommodation for Senior Citizens: The Need for a Design Code in Malaysia

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Abstract

The objective of this study was twofold; 1) to explain the significant role of the physical environment in long term care homes to support health and quality of life for senior citizens, and 2) to construct design environment factors that benchmark long term care accommodation for senior citizens in Malaysia. After a careful literature review exploring through books, governmental reports, and journals, this paper identified five common attributes pivotal in supporting the health and well-being of the elderly. They are supportive physical environment, residential character, small scale approach, access to support services, and provision of opportunities for community integration. Previous researches show that Supportive Housing Design (SHD), which is an option for Long Term Care (LTC), is one of the most beneficial options as it provides with those attributes to maximum. In Malaysia, the study finds that the existing Malaysian National Policy for the Elderly does not synchronize the health and well-being issues of senior citizens with Long Term Care (LTC). This study implies that such policy should comprehensively consider SHD and derive design codes with respect to the components of SHD for a better quality of life for the senior citizens in the context of Malaysia.

Keywords: Senior Citizen, Elderly, Long-Term Care, Supportive Housing Design, Community Integration, Malaysia

Introduction

Health care services for senior citizens take on special significance as the rapid pace of ageing in our society is widely recognized and felt today. As the elderly population grows, finding a more efficient means of service delivery for this group of population is of paramount importance. In this aspect, Malaysia is found wanting in planning retirement provisions, particularly for long term care (LTC) facilities. LTC advocates that housing systems should be integrated with the health and well-being issues of seniors (Chee and Barraclough 2007). To date, however, the link between the health and well-being of senior citizens and concerns about their living arrangement in the context of Malaysia is tenuous. This paper outlines several global alternative living options for seniors and highlights aspects crucial for consideration of LTC. It then aims to illuminate the need to revamp current policies for seniors in Malaysia to one that can balance the promotion of independent living with the provision of appropriate care facilities for the seniors.

1. Long Term Care for Senior Citizens

While the Malaysian older population is projected by the Population Bulletin on Global Ageing (2005) to more than triple in size between 2000 and 2030, seen on the decline is the number of family members available to care for their elderly members (Ong, 2002). Provision for health and housing typically provided for informally through the support network by family members are being challenged more than ever as nuclear family is seen to replace the extended family structure. Hence, placing seniors in institutions is becoming common practice albeit seen as a violation to cultural expectations due to the increase in need and demand (A. Dahlan, et al, 2010).

Generally, institutional care in Malaysia is provided for by three parties, namely the government in the provision of residential homes and LTC under social welfare services; the private sector with profit making motive, and thirdly the non-government organizations (Ong, 2002). It is noted that future senior cohorts would differ from present ones being better educated, financially more secure, having their own lifestyle and seen to value privacy (Ong, 2007). With these changes in lifestyles and values among Malaysian families, new demand for services must be developed as the population becomes increasingly sophisticated as current services for seniors cannot meet the demand for quality and variety needed in the future (Hamid and Asnarulkhadi, 2006). Thus, reviewing options for LTC is not only timely but necessary.

LTC is the system of activities undertaken by informal caregivers (family, friends and/or neighbours) and professionals (health, social and others) to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life (WHO, 2002). The objective of such care is to enable the recipients to function at the highest level of independence possible and thus should be based on individual preferences, given the greatest level of independence, autonomy, participation, personal fulfilment and human dignity.

Two main issues in the assessment of LTC involve both living arrangement and the corresponding health care needs of seniors (ibid). Health is defined as the state of complete physical, mental and social well-being by World Health Organization (1995). Health is vital as it affects senior citizens directly in the link between physical health and life satisfaction (Palmore and Kivett 1977). According to Morelli and Dilani (2005), the preconditions of health among the elderly can be improved through the use of non-pharmacological approaches such as psychosocially supportive environmental design. Hence, conscious design of supportive physical senior care environments is crucial and must be regarded as the most enduring approach in the design of LTC homes for seniors. Implications of the physical environment for LTC is not only crucial in meeting the increasing demand for services and better mirror the reality of senior health and accommodation but also helps in reshaping a congruent lifestyle for seniors as they age further.

Thus, the purpose of this study is to explain the significant role of the physical environment in long term care homes to support health and well-being for senior citizens. Therefore, the primary objective of the study is to construct design environment factors that benchmark long term care accommodation for senior citizens in Malaysia.

2. LTC in Malaysia

A review of varied writings across the Asia Pacific regions, Canada and the United States of America showed that the development of an efficient LTC system must mirror the correlation between health and housing to calibrate support based on each respective senior's level of need. Besides this, amenities and facilities for seniors seeking independence and an active lifestyle need to be addressed. While Malaysian policy makers recognized the lifestyle changes of future seniors, the physical environment for long term care homes in supporting health and quality of life to cater to the diverse needs of the projected 3.4 million senior citizens by 2020 has yet to be addressed.

Reviews of literature from journals, books, seminar papers and policies on ageing in Malaysia showed that issues discussed were mostly concentrated on social, health and economic wellbeing of senior citizens. It was also found that available researches and related literature on ageing matters and existing regulatory implementation were discussed independently as isolated programmes and were limited particularly with regards to implications of supportive built environment factors for senior citizens. Bond et al. (2007) noted that the barrier to life fulfilment for older people was not age itself but rather the environment in which they live in. Therefore, built environment factors should be taken into consideration to maintain and improve the overall health and wellbeing of seniors living in long term care accommodation, and this is the point that still non-conclusive in Malaysian Policy.

Method

At first, a literature review was carried out in order to search for different LTC options from around the world and compares their suitability with the context of Malaysia. The studies were selected on the following criteria:

(1) Studies which reported experimental or demonstration projects and were evaluated through literatures;

(2) Studies which demonstrated senior housing as a greater integration of services in terms of health and/or social aspects and housing options for seniors.

Then it tried to identify the most suitable option for Malaysia and discusses its components. Finally it evaluates the National Policy for the Elderly as well as relevant regulations and acts pertaining seniors whether they address those components. It concludes by amplifying the necessity to develop Design Codes based on them.

3. LTC options for Senior Citizens

In this study, four living options for the elderly were scrutinized. They include; i) Ageing in place, ii) Institutional long term care, iii) Retirement village, and iv) Supportive housing.

i) Ageing in-place

Be it living within the extended family structure or living alone, it is affirmed that seniors generally prefer ageing within the confines of their home. Paduch (2008) asserted that the home environment holds the most desirable living arrangement for seniors as the home may be understood as a sphere of integrity and self governing encompassing a symbolic value in a deeper sense. In a study of the impact of homelike physical environment on elderly living, Ericsson (1991) posited that such a living environment encourages independence, supported social belonging, provided safety, aroused recognition, offered physical activities, orientation and stimulated the senses.

Nevertheless, Brummett (1997) noted that while homelike environments is considered a potential solution in improving health and well-being of seniors, this notion is rarely achieved by builders or designers, nor perceived by residents. Pynoos (2001) posited that many of the existing housing stock are “ill-suited for ageing in place”, making age not the barrier to life fulfilment for seniors but rather the environment in which they live (Bond et al 2007). In Malaysia, this is seen in existing housing developments that are ill suited to the needs, requirements and competencies of seniors as they age further.

This calls for ageing in-place strategies which create both health care and housing options, providing support at the margin of need as defined by an individual’s personal desire and efforts to live independently besides emphasizing community integration and ensuring the maintenance of social networks of seniors. The most successful aging-in-place strategies are ones which are able to mitigate the provision of inappropriate care, reducing overall costs while making available a range of flexible calibrated services in meeting the needs of individuals.

Although thoughtful placement of technological support and design interventions in existing residences are adhered by the ageing in place model, these customized solutions and alterations coupled with the provision of health and care services to the respective seniors will incur exceedingly high costs. While striving to support independent living as opposed to premature relocation of seniors to an institutional care setting, issues of cost and affordability would then post a threat to those who are unable to afford alterations and private home care services, forcing them into often unappealing long term care like institutional nursing homes or personal care homes of inconsistent quality (Lawler 2001). Besides, fragmented system and large gaps in the availability of services for seniors at home post yet another barrier to ageing in place.

Additionally, social characteristics changes in Malaysia are said to have created a vacuum which have seen the increase of many private and public nursing homes and other institutional care facilities, reflecting the demand and ability to purchase, besides being perceived as a significant care option (Dahlan, et al, 2010). Although Dalrymple (2005) noted that ideally, seniors ought to be able to locate housing type and location best suited to their particular evolving situation, often, many directly shift from their homes into nursing home or assisted living care facility as there appear to be few options of in-between. At present, an optional living arrangement for Malaysian seniors besides co-residing with adult children and family members is institutional care. Albeit seen as a violation to cultural expectations, placing seniors in elderly institutions is becoming a common practice due to the increase in need and demand (Dahlan et al 2010).

ii) Institutional Long Term Care

Current review of LTC institutions such as nursing homes with integral health care services provided by the government, private sector and non-government organizations (NGOs) tend to be perceived by Malaysian seniors as places to wait till life ends (Ong 2007). Yet, care is most likely inappropriately provided in these institutions with its rigid, large scale service delivery system resulting in ‘overcare’ or ‘undercare’ with regards to individual’s actual needs (Lawler 2001). Furthermore, due to institutional policy, stiffness of general routine and the hierarchical structure of the institution, seniors in these facilities feel discontented with the quality of care, loss of personal autonomy and loss of significance and a sense of belonging in life (Brown 1995, Bowling and Formby 2002, Berglund 2007, Brooker 2008, Lee 1997, and Dahlan et al 2010). This factor diminishes the process of successful ageing which in turn taunts at the whole aging process.

iii) Retirement Village: Active Adult Retirement Communities

An alternative model for independent living among seniors can be seen in many leisure-oriented retirement villages abroad with various features and approaches exemplifying Active Adult Retirement Communities (AARC). AARC can be referred to as communities which include an array

of product types and development sizes, built in a selection of locations and are created by diverse types of project developers (Suchman 2006). According to Croucher (2006), retirement villages offer high levels of care and support in living environments helping to maintain and promote independence, with the additional benefits of a range of social and leisure activities. Generally, retirement villages may be viewed as designed to meet socially constructed needs that are promoted and perceived as related to age and retirement (Blaikie 1999). They enmesh positive aged identities, notions about active ageing where the mindset for the twilight years can be changed from a time of dependence and loneliness to one of independence and camaraderie.

Nevertheless, these age-segregated communities are said to cause ghettoization of the elderly (Levine 2004) reducing diversity in many communities. In addition, retirement villages are attractive places to live only for the young-old (60 to 74 years old) (Ong 2002), but lose its lustre as individuals age further (Rimer 1998, and Ong 2002). This renders the retirement village model less appropriate as community integration was found to be a valuable factor in supporting health and well-being of seniors (Lee et al 2007). According to Ong (2002), the idea of comfortable retirement homes or retirement communities like those found in the West is at its embryonic stage in Malaysia and the market has yet to be tested.

iv) Supportive Housing: Synchronizing Health Care and Housing

Unnecessary segregation of seniors in institutions and retirement villages perpetuates superfluous assumptions that seniors are incapable of participating in community life. While retirement villages and the ageing in place model provide two very distinct living arrangement options for seniors, supportive housing establishes an appropriate balance between them, filling the gaps between independent living, and facility care while strengthening communities through integration into neighbourhood life (CMHC 2000). Generally, successful supportive housing for seniors encompasses affordable accommodations appropriately scaled for lifespan to enable residents to age in place with integral specialized services designed to meet tailored program for the residents. These programs may include adult day-care, health clinics and community centres.

Optimizing on the ageing in place model, supportive housing is deemed to work best as part of a comprehensive and holistic approach to support needs of an ageing individual within an ageing community as independence of seniors can be retained and social networks maintained while ensuring provision for proper level of care and support. Supportive housing is said to be a form of housing which,

“can be most beneficial to seniors over 75 years of age; those who need help to carry out activities of daily living; those who are frail or have disabilities and those who are living alone. It can also benefit seniors who prefer to live with their peers in an environment where they can enjoy companionship and the freedom to pursue different interests and lifestyles” (CMHC 2000).

The five key components of supportive housing are: 1) Residential character, 2) Supportive physical environment, 3) Access to necessary support services, 4) Progressive management philosophy, and 5) Affordability and choice (ibid).

As senior long term care homes make up the dwellings during the last stages of life, senior residents have the right to feel safe within a supportive physical environment and have access to necessary support services in order to encourage them to live as independently as possible.

4. Supportive Housing as the most suitable option for Malaysia

Economic advancement, higher educational attainment, medical advancement and accessibility to medical care have seen an overall improvement in the lifespan of Malaysians (Mehta 2011). In tandem with these changes, the expectations of the people would also be changing. The future cohort of the elderly will exhibit different expectations and needs. They would be more discerning in terms of their demands for goods and services. For Malaysia, coping with an ageing population can be a great

challenge, as there are many competing issues that appear to deserve more urgent attention than the issue of improving the wellbeing of the elderly (Ong 2002).

According to the Ministry of Housing and Local Government (1999), Malaysia should emulate advance countries in planning for the elderly. The Ministry proposed that financially capable elderly should be housed in retirement resort homes with facilities such as health care, recreational facilities and housekeeping. This idea has yet to be realized although in the mid 1990's a housing developer tried to market a high-end retirement condominium for the elderly complete with appropriate facilities but failed in this endeavour as the market was not ready for this concept then (Ong 2002). An affordable option like the supportive housing can be considered as the best alternative under this circumstance.

A Canadian study on supportive housing for seniors found that supportive housing is the most complete solution to active ageing as it combined affordable accommodations with services (CMHC, 2000). According to this study, supportive housing strengthened communities and integrated people with special needs into neighbourhood life. Malaysia which has yet to adopt a model for alternative long term care accommodation for seniors should consider this as a promising and viable option as a densely populated country, the community is still considered as a potential social force.

5. The five components of Supportive Housing Design

The following are the five necessary components that are the backbone of the concept of Supportive Housing Design.

i. Supportive Physical Environment

A supportive physical environment provides opportunities for active living, socializing and mutual support. Provision for safety and security is one of the main features of this environment. An attractive, accessible, flexible and adaptable environment to cater for changing needs would be ideal. Many seniors who are completely independent when they moved in may need more assistance in the future. There is an advantage to a flexible and adaptable design that can be changed over the years as seniors' needs change.

ii. Residential Character

Another factor posited by Ericsson (1991) is a homelike physical environment. Such an environment is important for the elderly in encouraging independence, supporting social belonging, providing safety, arousing recognition, offering physical activity, orientation and stimulation of the senses. The assertion that a homelike environment holds the most therapeutic potential for frail elderly has been a conclusion drawn recently by a number of studies (Cohen and Day 1993, Ulrich 1995, Brummett 1997, Regnier and Scott 2001, Zeisel 2001, and Lee 2006).

iii. Small scale approach

There is definitely a need to rethink housing designs for elderly. According to studies by Regnier and Scott (2001), and Lee and Yim (2005), a small scale approach through clustering of residents rooms was one way through. This approach fostered opportunities for informal social interaction among residents. Clustering of resident rooms was one way through which the small scale approach could be achieved in larger facilities.

iv. Access to Support Services

According to National Policies and Programs on Ageing in Asia and the Pacific (AAP 2009), a major consideration for the residential well-being of seniors was related to accessibility between home and local services and facilities. Access to the types of support services that would enhance the safety, independence and well being of residents is crucial in meeting the needs for services of the target market, both for the present and the future.

v. Providing opportunities for Community Integration

Seeman (2004) asserted that it was important to assist the elderly to remain connected and be part of community life, with physical and social connections to their immediate context. Preferably, it should be extended to the elderly being able to walk to local shops, participate in local activities or meet with friends at a nearby cafe. These particular concerns should impact on the location and sitting of buildings. Studies of models such as proposed by Cannuscio et al (2003) could be undertaken before formulating an appropriate design code for the elderly to avoid “ghettoization of the elderly” (Levine 2004).

Homes for the elderly should be centred, and contributed to areas dense with social activity with a varied age demographic instead of isolating seniors from vital community hubs. Collaborative efforts from policymakers and relevant federal and state authorities and organizations would enhance accessibility to services through community partnerships and mutual support. Furthermore, such collaborations could also make on-site services financially feasible and more cost-effective.

6. National Policy of Malaysia on ageing issues and its concerns with LTC

In Malaysia, action plans and activities for the elderly are undertaken by various ministries and departments. However, the Department of Social Welfare oversees all matters to ensure that gaps and shortfalls are recognized for remedial actions to be taken for future improvement of a sustainable national policy for the elderly (Ong 2002). The National Policy for the Elderly was formulated in 1995 to create a society of elderly people who are contented and possess a high sense of self worth and dignity, by optimizing their self potential and ensuring that they enjoy every opportunity as well as care and protection as members of their family, society and nation (GOM 1996). A National Senior Citizens Policy Technical Committee made up of six sub-committees was established by the Social Welfare Department of Malaysia in July 1996 to ensure that the action plan is effective, comprehensive and integrated in achieving the aims of the National Policy for the Elderly. The six subcommittees namely, social and recreation; health; education, religion and training; housing; research; and publicity and promotions had been set up to delve into various aspects related to ageing and the welfare of senior citizens in Malaysia.

Various programs enabling seniors to live contentedly have been outlined in the National Policy on the Elderly. The programs address issues such as inclusion of ramps, ample circulation areas and wider toilet spaces in existing and future houses to enable easy manoeuvring of wheelchairs; encourage families to care for their seniors by encouraging extended family system; and making available health facilities for seniors in terms access to medical care in hospitals and clinics. However, none of these matters have been delved into further nor looked at in terms of health supportive design.

Additionally, although the Ministry of Housing and Local Government (1999) had pointed out that Malaysia should start planning housing for the elderly such as found in advanced countries for those who are financially capable, there exist no specific policy for implementation nor guidelines to optimize on health supportive design to enable such alternative senior housing to be developed as a comprehensive model in health and long term care housing for future seniors in Malaysia to date.

In terms of long term care, Malaysia has yet to design a national policy exclusively on this aspect even though regulations, infrastructure and facilities for the provision of essential LTC services exist. To govern the minimum standards that safeguard the interest of senior citizens, the Care Centre Act 1993, and Care Centre Regulations 1994 were established. Specifically for nursing homes, guidelines and regulations are stipulated in the Private Healthcare Facilities and Services Act 1998. However, to date, there is neither a design code nor a national policy exclusively for LTC. What exist are only regulations, infrastructures and facilities for the provision of essential LTC services. A study on ageing by Ong (2002) suggested that the formalization of a policy on LTC was long overdue and would be a positive step in future direction.

The Care Program for Older Persons, introduced in 1995, aimed to improve and maintain the health and functional outcome of seniors to promote quality of life and forge productive ageing as its ultimate objective. This program emphasized quality health care for seniors through community-based approaches to facilitate seniors in living as independently as possible within the community. As community integration is a component in health supportive design in senior care homes (Lee et al 2007), ways to achieve this target should be prioritized.

In summary, it is identified that although health care and housing for seniors received substantial attention in Malaysia, policies and guidelines with regards to senior matters were designed to operate in isolation, each achieving separate goods. For example, the government has introduced several policies with respect to building and planning codes, but could not yet decide on which housing scheme which LTC scheme would be suitable for Malaysia. Therefore, the process of integrating them is still far away. Should the implementation of these independent policies and programs be allowed to persist in isolation, the current systems of health and housing delivery may not be able to meet the needs of an ageing society. As a result, besides the regulations, performance measurements and implementation guidelines that determine which services can be delivered to which individuals, the organizational systems through which these services were conveyed, could clash and hinder coordination (Lawler 2001). However, several acts and regulations identified the need for community based approaches as the appropriate approach for LTC, and this study implies that supportive housing design can provide that option. Therefore, the immediate approach should be to develop policies that integrate health and well-being issues with the concept of supportive housing design and then develop design codes following the parameters developed from the components of this concept.

Conclusion

After rationalizing the significant role of the components of supportive housing design that responds to the needs of current day senior citizens, it is hoped that they should be interpreted into design codes and be integrated in the formalization of a national policy on senior citizens. It not only acknowledges the significance of integrating health and well-being issues of elderly and LTC, but also chooses the best option for LTC in the context of Malaysia.

Empirical and quantitative studies on senior supportive design layout plans are encouraged to further scrutinize crucial built environmental factors with positive effects on long term care senior accommodation. There is also a need to ensure collaboration from policymakers and relevant authorities and organizations to review existing regulatory, structural, financing and implementation barriers which prevent providers from developing a comprehensive approach to the health and housing needs of Malaysia's seniors. Thus, existing policies should be reviewed to avoid conflicts of interest which can impede coordination and collaboration.

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