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OF GERONTOLOGY AND HUMAN DEVELOPMENT

Aging in Place and Public Sheltered Housing in Israel: A Special Focus on Age Integration

Miriam Shtarkshall

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Abstract

The subject of this paper is "aging in place" in public/government sheltered housing in Israel. Originally published in a book which reviewed the experience of different countries with this phenomenon, it presents a detailed picture of public/government sheltered housing in Israel, with particular reference to age-integration programs.

The policy of promoting "aging in place" has been adopted in Israel only during the past decade. The paper begins with a brief review of the institutional and community-based services for the elderly in Israel, and of the development of the country's sheltered housing. It describes the public/government sheltered housing developed by Government Ministries, ESHEL and various housing and welfare agencies, focusing on services, modes of operation, admissions policies and physical layout. The paper continues by discussing different strategies for promoting aging in place in Israel, considering how these are applied in different sheltered housing frameworks.

The second half of the paper discusses age integration in special housing for the elderly. It examines two principal approaches to age integration in sheltered housing: the construction of pre-planned age-integrated sheltered housing; and the adaptation of existing housing projects following the aging in place of the tenant population. Three programs representative of different approaches to age-integrated housing are reviewed: the intergenerational demonstration project in Gilo (a neighborhood in Jerusalem), with its specially planned and developed age-integrated sheltered housing; the housing adaptation program in Kiryat Gat, which has transformed regular public housing into sheltered housing following the aging of the tenants; and the Kiryat Moshe project, through which a regular neighborhood in Jerusalem has become supportive of its elderly residents.

9. *Aging in Place and Public Sheltered Housing in Israel: A Special Focus on Age Integration*

MIRIAM SHTARKSHALL

BACKGROUND AND CARE PHILOSOPHY

The policy of facilitating "aging in place" for elderly people has achieved prominence in Israel only in the last decade. For the three previous decades, Israel's major concern had been to provide sufficient accommodations to house the massive waves of immigration during the 1950s and 1960s.

Since the inception of the State of Israel, the proportion of elderly people among the Jewish population has increased from 3.7 percent in 1950 to 9.7 percent in 1980. In absolute figures, the number of people 65 and over increased from 54,000 in 1950 to 442,000 in 1990 (*Statistical Abstract of Israel* 1991). It is mainly in the last decade that aging in place in Israel has come to mean that many elderly age in the same surroundings where they have lived for many years. Between 1980 and 1990, the seventy-five and over age group increased by 71 percent compared with a growth rate of 30.7 percent amongst those aged sixty-five and over (*Statistical Abstract of Israel* 1991).

The long-term-care (LTC) system has responded to these changes in a variety of ways, several of which are described. Of particular interest here is the public-housing sector, with a special focus on those programs that espouse an age-integration approach.

The Institutional System

The number of beds at the institutional end of the continuum of care grew from 39.5 per 1,000 elderly in 1981 to 47.8 in 1989. These figures include beds in nursing homes, residential and retirement homes, as well as geriatric LTC beds in general hospitals (Beer & Factor 1990). As a consequence of aging in place

in the public and voluntary sectors, there has been a significant conversion of beds that once served the independent elderly to ones serving the more frail and persons in need of nursing care.

The Community System

Helping elderly people to age in place and to remain in their homes as long as possible has been a major objective of the late 1980s. This is being accomplished by enrichment of service packages delivered to the home and by developing community facilities, such as day-care centers. These needs have also been recognized at the legislative level through the enactment of the Long-Term Care Insurance Act.

In 1984, for the first time, an entitlement was established to assist elderly people living in the community. It was targeted at those who are largely or entirely dependent on the help of others in activities of daily living (ADL). The act is intended to supplement resources and services already available in the local community (Ben-Zvi 1990). On the principle that effective assistance for the family in caring for their elderly relatives can be ensured only through the provision of LTC services, services in kind (e.g., personal care, home nursing, escorting), rather than financial support, are provided.

In 1986, prior to the implementation of the act, the number of elderly recipients of personal care and home help totalled about 5,000, whereas by 1990, the figure had reached about 22,000 (Ben-Zvi 1990). An evaluation of the impact these changes have made in terms of the delay or prevention of institutionalization is currently underway.

In the 1980s, the development of day-care centers throughout the country was initiated to promote aging in place. About fifty-five new centers, serving mainly the frail and disabled elderly living in the community, were established by ESHEL (ESHEL is the Association for Planning and Developing Services for the Elderly in Israel; it is supported by the American Jewish Joint Distribution Committee and the Government of Israel). By 1990, these centers were serving about 1 percent of the elderly population, and the target for the future is to double this proportion, given the availability of necessary funding.

Special (Sheltered) Housing for the Elderly

Israel is a country that experienced massive immigration in the first years after Independence in 1948. The great majority of the immigrants had few and sometimes no resources and the country's infrastructure was far from adequate to be able to house them. Thus, the great housing efforts for the newcomers, including many elderly persons, concentrated on large, standard public-housing projects. Only in the 1970s did the Israeli government begin to provide special housing for the elderly.

In the mid-1950s, some voluntary nonprofit organizations pioneered the development of such specialized housing facilities. Many of these were initially

meant for homeless senior immigrants, mainly Holocaust survivors without families; thus, the focus was still intrinsically on shelter. These projects served selected groups, usually according to country of origin or affiliation with a trade union (Shtarkshall 1987).

In the 1980s, as a response to changing needs associated with aging in place, these veteran projects supplemented their original emphasis on shelter alone by creating a more supportive environment. Measures taken included the addition of elevators, enlargement of apartments, and the installation of emergency call systems. Some provided home help and hot meals, and, in a few cases, a nursing wing was added. Lastly, more flexible admission and discharge policies were introduced.

The term "sheltered housing" as used in Israel since the 1980s includes all special housing arrangements for the elderly. The package of services offered should in most cases comprise a twenty-four-hour emergency call system, a housemother, and some social activities. Additional support services vary from program to program. An "enriched" environment provides nursing beds, a restaurant, cleaning, and personal care.

The underlying philosophy is that residents are free to choose those services they require and that are provided at the margin of individual need. For instance, a resident should have the option of running a fully independent household, knowing that support services are available when needed (Shtarkshall 1987). Thus, settings that provide daily meals on a mandatory basis are not classified as sheltered housing, but rather as residential homes.

Between 1981 and 1986, there was an expansion of 60 percent in the supply of sheltered housing units, with a consequent increase in the number of units per 1,000 elderly from 12.0 to 16.7. The government sector has been the most active agent in this expansion (Shtarkshall 1987), and a private profit-making sector also emerged, which still continues to enlarge its share in the provision of such housing. This sector serves the more affluent members of the elderly population. As a result, the relative contribution of the voluntary sector has declined.

It is worthwhile noting that, whereas the ratio of sheltered housing units per 1,000 elderly increased, the ratio of beds for the independent elderly in old-age homes and similar residential institutions dropped from 20.7 in 1981 to 19.6 in 1987 (Beer & Factor 1990). This suggests that some of the essentially independent elderly, who were mainly interested in companionship and security, turned to alternative housing arrangements when they became available, rather than to institutional settings.

AGING IN PLACE AND PUBLIC HOUSING FOR THE ELDERLY

As already indicated, aging in place became an issue in public housing only relatively recently. Public housing for the elderly refers to projects that have been developed with the assistance of the government and that are maintained

by public-housing authorities; they comprise 35 percent of all housing for the elderly in Israel. In most cases, ESHEL is and has been involved in various capacities and, during the last decade, it has become a partner in the planning and implementation of such housing.

Special public housing for the elderly (supported by the Israeli government), which emerged only in the 1970s, included units of twenty to forty self-contained apartments with no support services. It took a decade of the aging of residents in such settings to produce the basic realization that special housing for the elderly should include a minimum package of services. Thus, in the 1980s, special housing for the elderly was revamped as sheltered housing, following the British model.

In general, the number of apartments per site varies from 24 to 125. Most projects are age-segregated, with most tenants, who never owned an apartment, receiving income supplements. By the end of 1989, the proportion of tenants in need of personal assistance as recognized by the LTC Insurance Act varied from 2 percent to 20 percent per site.

The challenge of aging in place within the public-housing sector has been met in various ways. On ESHEL's initiative, new innovations in physical planning and coordinated action between public-housing agencies and social services have been introduced. The integrated approach developed by ESHEL (Shtarkshall 1990) comprises the following four components.

The Service Package

Veteran projects built in the 1970s with no services at all were supplemented in the 1980s with a package of on-site services, which ESHEL had designated as the "minimal" package. This has become the standard that is built into all new housing projects for elderly people. The package includes a social club (which also serves the elderly living in the vicinity), an emergency call system, and a housemother, supported by a network of community visiting services, such as homemakers, meals on wheels, and health aides.

Other veteran sheltered housing projects (ten years or older), which were originally equipped with some items of the minimum package, also responded over time to new needs associated with the aging process. They frequently partitioned the role of housemother, defining certain tasks that were to be carried out by others, such as club organizers and the housemother's assistants. Simultaneously, community visiting services were used more intensively; occasionally, hot meal clubs were provided on site. In some cases, a day-care center for disabled elderly (both tenants and community residents) has been established on site.

Management

This service package is now implemented through a new model of a service-delivery system known as the "ESHEL model." It involves the coordinated

management of services and sharing of responsibilities between local housing agencies, local health and social services, and local independent ESHEL associations.

The housing agencies are traditionally responsible for the physical maintenance of the sites. This comprehensive interagency approach is further supported by a joint board of directors representing all parties involved. The supportive network (described before under "The Service Package") is sometimes coordinated by a designated worker from the local social service agency.

ESHEL provides the conceptual framework and professional guidance appropriate to the physical design of the new sites and their management structure. It also has contractual relations with all the parties involved and provides financial support to supplement local resources. Two key goals are (1) to gradually replace the financial supplement with additional community funds, and (2) to establish an holistic service and support system.

Admission and Discharge Policy

The general policy can be characterized as "accommodating" (Lawton 1980), but it is selective for independence at the point of entry. Newcomers are screened to ensure the admission of only those who can maintain an independent household. It allows them to remain in the facility as long as their needs can be met at a very high dependency level. Should it become necessary, social service agencies may become involved in nursing home placement, although this service is not included in the tenant's contractual lease.

Physical Guidelines

The physical design requirements of aging in place have also been recognized and addressed. In 1985, the Ministry of Housing, in close association with ESHEL, laid down mandatory guidelines for all its new subsidized construction of sheltered housing. These call for the inclusion of on-site public facilities such as a communal kitchen and a social club with an option for communal dining. All apartments must be designed to accommodate the disabled, and all public areas should be fully barrier-free and easily accessible. In addition, an emergency call system and other safety measures are required. This anticipates the possible future needs of those aging in place by the use of a physically flexible design.

AGING-IN-PLACE STRATEGIES IN ISRAEL

Two major approaches have been developed in order to achieve aging in place. The first is to enhance the tenants' personal resources (financial, family and support systems, functional and intellectual capacities). The second is environmental enrichment of the site. This might be of a physical nature (such as

facilitating access and adding public areas for dining) or might consist of additions to the package of services delivered on site.

Lawton (1980) has described two models for achieving aging in place:

"The Constant Model": Here the characteristics of the environment and the tenants remain relatively stable. Thus, those who have aged to the point of requiring more services are relocated and replaced by healthy independent tenants.

"The Accommodating Model": In this case, the increased needs of residents who remain on site while their resources decline are met by modifying the environment and increasing the number of services delivered within it.

A detailed description of these models applied to public housing has been developed and presented elsewhere (Shtarkshall 1990). In public housing, there are usually constraints that limit the degree of adaptive responses on the part of both tenants and the project. For example: (1) Unlike the more affluent in private projects, poor tenants are unable to increase their payments to cover increased services; (2) the potential for an environmental response is often restricted by shrinking public funding and various changes in the sociopolitical ideology of service delivery (e.g., "Reaganism" or "Thatcherism").

As indicated previously, the adaptive or accommodating model is practiced in Israel. A new source of support has evolved during the last two years through the Long Term Care Insurance Act, which guarantees personal care and home help for up to fifteen hours a week. Elderly people in housing projects are entitled to the same support as other residents in the community. Unlike other community sources of help, the entitlement grant is considered a stable and reliable source of support. The Act can therefore be viewed as fulfilling a dual role—it increases the personal resources of the tenant while meeting environmental resource needs as well. It often allows an increase in the on-site package of services. In some cases, it could even be supplemented by a day-care center. Thus, those who are more disabled can remain on site for longer periods of time. The full impact of this phenomenon on the public-housing system, as well as its influence on unmet needs, is not yet clear and will be evaluated.

AGE INTEGRATION IN HOUSING FOR THE ELDERLY—THE REAL CHALLENGE FOR AGING IN PLACE

Almost all special housing projects for the elderly, including those in Israel, imply segregation of the elderly from other age groups. Yet, the majority of elderly people live in an age-integrated environment. More than 90 percent of the elderly live in regular housing in the community, and 70 percent of them own their apartments. Thus, it is believed that this context is the preferred one and the real challenge for successful aging in place.

In the United States, the experience with age-integrated public housing for the elderly has been described by Lawton (1976) as "a lethal mix" of problematic

young people and vulnerable elderly. In Israel in the 1960s, integrating special apartments for the elderly in regular apartment complexes was not a successful experience either, although not so plagued by the problems experienced in the United States.

In the last decade, however, Israel has been experimenting with different approaches to successful age integration in special housing for the elderly; these projects were initiated and assisted by ESHEL. Three case studies, each representing a different approach to special housing, are now described.

Gilo: Age-Integrated New Sheltered Housing for the Elderly

Gilo is a sheltered public-housing project, the planning of which included the idea of age integration. It was meticulously planned and implemented as an intergenerational demonstration project in a new neighborhood of Jerusalem. It strove to overcome those factors that had hampered age integration previously. A stated aim was to study this new option for housing the elderly, and to evaluate whether age integration can be an effective and viable alternative to age-segregated projects. It is a joint venture of ESHEL and other organizations, all operating within a government housing construction project.

The Gilo project consists of fifty-one apartments specially designed for elderly people. These are incorporated at the ground-floor level in 17 four-story buildings, arranged around two large open courtyards. It includes a housemother, who lives on site, an emergency call system, a club, and supportive services. In addition to the organization and services described under the ESHEL model, this project includes a visiting physician and nurse twice a week to compensate for the distance of the project from the nearest community primary health care clinic.

As was reported in an evaluation study (Bendel & King 1985, v, 33), the "project has succeeded beyond expectations," and "it contributes favorably to the quality of life of the elderly involved." Its benefits outweigh some negative aspects such as occasional noise. This assertion is based on the views of both the elderly and the young residents.

Among factors that were thought to have contributed to the success of the project are the physical design and planning, the services offered, the devotion of the staff, and the social mix formed by integrating elderly people with socioeconomically stable younger persons (apartment owners). All these factors distinguished the project from the failures of the 1960s, in which elderly people had been placed in a context of multiproblem large families and were not provided with any services. So far, despite initial apprehensions expressed by some nonelderly people, aging in place has not created problems in Gilo and has not affected the quality of the environment adversely.

The Gilo project has demonstrated that age integration is a viable and cost-effective option. Both the elderly and their nonelderly neighbors appreciate the continued presence of the former "as part of life." Families also are ready to share in the care of their elderly relatives in the project, and positive interaction

between the resident generations has developed spontaneously. In spite of all the advantages demonstrated in this project, it has not yet been replicated in the private market, although various ways of achieving this are presently being explored.

The Gilo project was established about ten years ago, and its positive experiences have been the catalyst for initiating other age-integrated projects as a response to naturally occurring clusters of elderly people. Two of these are described in the following case studies.

Kiryat Gat: Public Housing Adapted for Elderly People

The phenomenon of aging in place occurs naturally in many regular public-housing buildings across the country. Buildings constructed in the 1950s and early 1960s to cope with mass immigration have small apartments and do not attract large or growing young families. Thus, a combination of a low rate of housing mobility and aging in place produced sites in the 1980s with a predominantly aged population. These form naturally occurring clusters of elderly people with special needs.

ESHEL, together with the public-housing agencies, initiated a program with the idea of helping elderly people to remain in their familiar surroundings, to upgrade the physical maintenance of the buildings, and to create a new stock of sheltered apartments for other elderly people.

Kiryat Gat was one of the first models for such a venture; it included four adjacent public-housing buildings located next to a shopping center, with clinics and public transportation. The buildings contained 120 apartments, in which 60 percent of the dwellers were elderly with low incomes and in need of support. These buildings were adapted to provide supportive housing for the elderly residents via a process that entailed three parts:

1. Improve the physical environment by upgrading the apartments where elderly people lived, while entrances and outdoor spaces were revamped.
2. Introduce a supportive system of services: a housemother who lives on site, an emergency call system, the conversion of two apartments into a social, recreational club that caters to both the elderly residents and the elderly from the community, and the development of a comprehensive social support network of community-based visiting services in accordance with the ESHEL model.
3. Initiate a replacement policy that reserves all vacant units on the ground and first floors for the elderly, whereas any vacancies on the one or two upper floors become occupied by nonelderly people who are screened to exclude "negative elements."

This project was replicated in other neighborhoods across the country. In one such example, Nazareth, the project also included a respite unit for eight elderly people. This allowed for short periods of stay, offering temporary relief to caretaking families.

There are four major benefits of such projects:

1. A significant improvement in the quality of life and care of the elderly who originally had merely "stayed put."
2. The potential enlargement of the stock of sheltered housing units at a low cost.
3. The upgrading and preservation of public housing.
4. Greater efficiency in service delivery and the lowering of the cost of public services, such as home help, due to the concentration rather than dispersion of the target population.

This type of project can be developed effectively as long as public-housing agencies control the apartments in the block. In blocks where residents own their apartments, a different approach is called for.

Kiryat Moshe: A Supportive Neighborhood of Privately Owned Apartments

Because, as in other western countries, most elderly people in Israel own their own apartments (70 percent), this would seem a major area for future intervention. Yet the dilemma is what should be the role of the public sector?

The project described here was carried out in a neighborhood that was built in the 1950s as condominiums for union members, which are all owned by their residents. Thirty-five years later, in the late 1980s, out of 240 units located in twenty-one apartment buildings (three to four stories high), 60 percent of the residents were 65 years old or older. Most were the original residents, now living on low to moderate incomes.

The aging of the population, combined with the aging of the physical infrastructure, posed a real challenge, that is, how to develop a supportive environment for the elderly, given limited public resources. Further, the policy question was the extent to which public funds should be invested in upgrading private property (housing in a lower middle-class neighborhood). The major vehicle developed for this project, which was initiated by ESHEL together with the local residents and the municipality, was self-help.

The major thrust was in the organization of a comprehensive, flexible service-delivery system to cover the needs of the elderly. It was focused on a "block warden" who lived in the neighborhood. This job included service brokering, case management, supervision, and outreach. The service package included a twenty-four-hour emergency call system, social club activities, and a cafeteria (also used by other elderly in the vicinity), and special occupational and leisure-time activities for the disabled at home.

Self-help was implemented through an intensive volunteer program and mutual help, which included the allocation of various responsibilities to the elderly residents of the neighborhood themselves. Elderly people shared in management jobs, escort services, running errands, not to mention visiting and keeping the

homebound elderly company. The elderly who joined the program pay a monthly fee, which covers an increasing share of the operating costs.

The project also subsidized various physical upgrading measures, such as improved street lighting, some repairs to pedestrian areas to minimize hazards, placing railings on steep slopes, other safety installations, and home repairs.

This project, which is currently being evaluated, has raised considerable interest throughout the country and serves as a possible model for other neighborhoods. During its two years of operation, we learned that the program is mainly attractive to the high-risk (socially and medically) elderly. The clients prefer to be served by a familiar face, even for emergency calls, rather than by an anonymous person from a citywide service. The extent to which such services can be fully financed by the clients, or developed through private initiative, is yet to be examined.

CONCLUSIONS AND WIDER IMPLICATIONS

Aging in place is a development that has occurred in a variety of residential settings in Israel. We have described here "traditional" (age-segregated) housing projects, as well as age-integrated environments. Each setting has different development and policy implications.

In segregated, sheltered public-housing projects in Israel, the strategy is one of "accommodation" to serve some of the changing needs of current residents, as well as one of physical preplanning of new construction. Still, there remain several unanswered policy questions, such as: Who should constitute the target resident group for these projects? Should it be the independent elderly who need affordable shelter or only the high-risk (frail) elderly? What is the right balance of care and the right mix of services? Could publicly subsidized projects afford to place independent elderly persons in an environment that is "richer" in services than their immediate needs demand? Conversely, if mainly frail elderly are to be admitted, should the philosophy of care and the initial design of private and public spaces be changed? That is, to what extent should such publicly subsidized housing schemes provide for fully self-contained apartments, and should this be the only model for new age-segregated projects?

Although there will always be a need for age-segregated settings, the real challenge lies in the age-integrated context. We believe that age-integrated settings, including those with naturally occurring clusters of elderly persons, inevitably form an important frontier for facilitating aging in place.

The case studies described previously indicate three possible approaches to age integration that could be further developed. First is preplanned neighborhoods, where the support needs of the elderly and special housing arrangements are considered within the context of planning a regular neighborhood. The Gilo project seems to be a viable solution. There is also a need to use this approach in the private construction market.

Second is naturally occurring concentrations of elderly people who have aged in place in one of two settings.

Regular Public-Housing Projects.

This is a universal phenomenon, which calls for public intervention. We have learned that it has been cost effective to adapt selected sites into projects like Kiryat Gat to serve the needs of current and future elderly residents, as well as to invest in upgrading public-housing assets.

Privately Owned Apartment Complexes.

This setting constitutes the largest future market and challenge, where a concentration of elderly people occurs naturally. This sector will expand, because 70 percent of the elderly own their homes, and most of them will probably not move out. Kiryat Moshe (Jerusalem) could be one model for numerous initiatives that should be explored.

In the future, we believe a greater partnership between the private and public sectors in the natural age-integrated context will occur in order to cope with the growing phenomenon of aging in place.

Lastly, we conclude by calling for continuing support for the classical gerontological approach of providing variety and choice in both the age-segregated and age-integrated contexts. This is especially appropriate in Israel, which currently faces once again the serious problem of finding immediate housing for the large number of elderly Jews emigrating from the former Soviet Union, whose principal need is for shelter and affordable housing.

ג'וינט־מכון ברוקדייל
לגרונטולוגיה והתפתחות אדם וחברה

דיור מוגן ציבורי בישראל:
תופעת ההזדקנות במקום
ושילוב בין-דורי

מרים שטרקשל

סדרת תדפיסים

ת-95-104

ג'וינט – מכון ברוקדייל מהו?

מרכז ארצי למחקר בתחומי הזיקנה, התפתחות האדם ורווחה חברתית בישראל, שהוקם ב–1974.

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צוות של אנשי מקצוע המקדישים עצמם למחקר יישומי בסוגיות חברתיות בעלות קדימות עליונה בסדר היום הלאומי.

קבוצת חשיבה המחויבת לפרסום ממצאיה כדי לסייע לקובעי מדיניות ולספקי שירותים לתכנן וליישם תכניות רווחה.

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דיור מוגן ציבורי בישראל:
תופעת ההזדקנות במקום ושילוב בין-דורי

מרים שטרקשל

תדפיס מתוך: **Aging in Place with Dignity: International Solutions Relating to the Low Income and Frail Elderly**, Leonard F. Heumann and Duncan P. Boldy (eds.), Praeger, Westport, Connecticut and London, 1993.

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סימן הפירסום

שם המחבר שטרקשל, מרים

שם הספר דיור מוגן ציבורי בישראל:
תופעת ההזדקנות במקום ושילוב בין-דורי

שם השואל	תאריך	חתימה

ג'וינט-מכון ברוקדייל לגרונטולוגיה
והתפתחות אדם וחברה
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תקציר

מאמר זה עוסק בתופעת ההזדקנות במקום בדיור המוגן הצבורי בישראל. המאמר, שהוא חלק מספר הסוקר את ניסיונן של ארצות שונות בנושא, מציג תמונה מקיפה של הדיור המוגן הממשלתי לקשישים בארץ, תוך התמקדות גם בהיבט השילוב הבין-דורי.

המאמר מצביע על כך שבעשור האחרון החלה מדינת ישראל להתמודד עם תופעת ההזדקנות במקום. בתחילת המאמר מובאת סקירה קצרה של מערך השירותים המוסדיים והקהילתיים לקשישים והתפתחות הדיור המוגן בארץ. כמו כן מוצג מודל הדיור המוגן הממשלתי, כפי שפותח על-ידי משרדי הממשלה, אשל, החברות לשיכון ציבורי וגורמי רווחה שונים, תוך התייחסות לכל השירותים, דרכי הניהול, מדיניות הקבלה והתכנון הפיזי. בהמשך, נדונות אסטרטגיות שונות להתמודדות עם תופעת ההזדקנות במקום בישראל, תוך המחשה כיצד הן פועלות במסגרות הדיור המוגן.

השילוב של גישה בין-דורית בדיור המיוחד לזקנים נידון בחלק השני. נבחנות שתי גישות עקרוניות לשילוב הנושא הבין-דורי בדיור המוגן: הגישה הדוגלת בתכנון מכוון של דיור בין דורי המיועד מראש למטרה זו, והגישה של התאמה עם הזמן של דיור קיים, לנוכח הזדקנות במקום של האוכלוסייה. נסקרות מספר תכניות המדגימות גישות שונות לדיור הבין דורי, ביניהן תכנית דג"ם (דיור גילה למבוגרים) אשר תוכננה מראש ויועדה לשילוב בין-דורי; תכנית קרית גת - שהיתה בעבר שיכון ציבורי רגיל, והותאמה לדיור מוגן לאחר הזדקנות דייריה; וקרית משה שהיא שכונה רגילה בירושלים, שהפכה לשכונה תומכת בזקניה.