

# ***Housing and Social Policy in Malaysia: Provision for the Elderly***

<sup>1,2</sup> **Noralfishah Sulaiman, <sup>2</sup>David Baldry and <sup>2</sup>Les Ruddock**

<sup>1</sup>Tun Hussein Onn College University of Technology [Kolej Universiti Teknologi Tun Hussein Onn (KUiTTHO)], Beg Berkunci 101, 86400 Parit Raja Batu Pahat Johor, Malaysia

<sup>2</sup>Research Institute for the Built & Human Environment (BuHu), University of Salford, Salford Greater Manchester, M5 4WT, UK

E-mail: [nora@kuittho.edu.my](mailto:nora@kuittho.edu.my)/[n.sulaiman@pgr.salford.ac.uk](mailto:n.sulaiman@pgr.salford.ac.uk), [d.baldry@salford.ac.uk](mailto:d.baldry@salford.ac.uk), [l.ruddock@salford.ac.uk](mailto:l.ruddock@salford.ac.uk)

**ABSTRACT:** The aged population is increasing in Malaysia. Malaysia was categorized as an ageing nation when the elderly population reached 7.2% (1.8 million) by 2005. In a society where aging is progressing, and where even among elderly people there is an increasingly larger class of older senior citizens, the increasing number of elderly people requiring appropriate housing and personal care (board or personal care) will be an even greater issue of importance. To cope with the increase in elderly, Malaysia needs to have a careful housing and social policy plan to fulfil the housing needs, especially for the aging citizens. However, it seems as if there an ambiguous relationship between housing and social policy in Malaysia towards the elderly society. Hence, this paper seeks to discuss the provision of housing and social policy structure for the elderly to be housed in Malaysia. Past and current propositions on housing for the elderly will also be reviewed.

**Keywords** – *Elderly, Housing Policy, Social Policy, Housing Provision*

## **1.0 INTRODUCTION**

Malaysia was considered as an Aging Nation when the elderly population reached 1.8 million by year 2005. To cope with the increase in elderly, Malaysia needs to have a careful housing and social policy plan to fulfil the housing needs, especially for the aging citizens. Many actions recently have been taken by the government to ensure that the needs of the elderly would not be left behind in both housing and social policy. This paper seeks to discuss the provision of housing and social policy for the elderly to be housed in Malaysia. Past and current propositions on housing for the elderly will also be reviewed for a better understanding of the setting of elderly to be housed in Malaysia. In this respect, issues concerning housing and provision of care homes for the elderly as an alternative living arrangement will also be discussed. This review is part of the research processes leading to the PhD research project entitled Opportunities for the Transfer of United Kingdom (UK) Best Practices for the Provision of Care Homes for the Elderly in Malaysia.

## **2.0 BACKGROUND OF SOCIAL SERVICE IN MALAYSIA**

Malaysia is one of the developing nations in South East Asia. It comprises of West Malaysia (Peninsular Malaysia) and east Malaysia (Sabah and Sarawak), and has a population of approximately 25,324,620 million inhabitant (Department of Statistics, 2006). In Malaysia, government intervention through a well structured system in urban and social planning has evolved since the introduction of Federated Malay States in 1921 by Charles Reade (Goh, 1988). It then continued with 5 year development plans which included the policies, strategies and general proposals for the whole country, and state government and local plans to guide the development. Independent governments then set up the First Malaya Plan in 1956 and this national plan was continually reviewed every 5 years. Social and housing policy has been the focal aspect of each national development plan since the Colonial Administration and Pre Independence period (1950-1954) until the recent Ninth Malaysia Plan (2006-2010). During the Eighth Malaysia Plan (2000-2005), the delivery of social services in Malaysia have been divided into two main categories consisting of *housing* and

other *social services* such as local authorities, fire & rescue services, sports, culture, library services, information and broadcasting, and community and family development (Economic Planning Unit, 2001). See **Table 1**.

**Table 1:** Development Allocation for Housing and other Social Services, 8 Malaysia Plan Allocations (2001-2005)

<b>Programme</b>	<b>(MYR Million)</b>
<b>Housing</b>	<b>4,223</b>
<i>Public Housing</i>	4,018
Low cost Housing	1,980
Site & Services	20
Government Quarters & Other Staff Accommodation	2,018
<i>Rural Housing</i>	205
Rehabilitation of Dilapidated Housing	100
Traditional Village Regrouping & Rural Growth Centre	105
<b>Other Social Services</b>	<b>4,454</b>
Local Authorities	1,942
Fire & Rescue Services	800
Sports	540
Culture	220
Library Services	100
Information & Broadcasting	254
*Community & Family Development	598
<b>Total</b>	<b>8,677</b>

Source: Economic Planning Unit (2001)

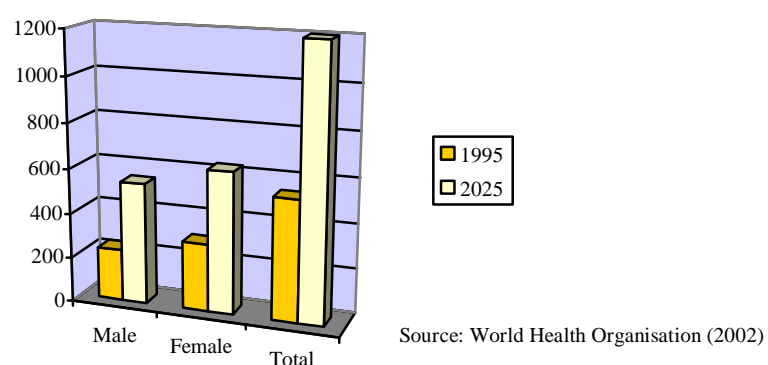
[\* 1 MYR=0.14 GBP and 1MYR=0.21 Euro]

Clapham *et al.* (1990) open their book ‘Housing and Social Policy’ with the statement that the book focuses on two key relationships: that between housing policy and social policy, and that between the provision of housing and the provision other welfare services such as health service, the education system, the personal social services and the social security system. Sulaiman *et al.*, (2006a and 2006b) found in Malaysia, that many housing scholars have neglected the social needs in their research. Meanwhile, in the studies of the welfare system they have also widely discussed the social and housing issues separately. The ambiguous and widely varying role of housing in systems of welfare is perhaps one important reason why so many pioneering studies of comparative welfare have ignored or omitted housing from their consideration (Kemeny, 2001). Sprigings and Somerville (2004), in their discussion of housing policy, motioned that there is an unjustifiable theoretical background between social and housing policy and the edges of the housing and social policy jigsaw are hard to identify, and the direct causal links, which policy makers would love to find in order to achieve their objective through precisely targeted interventions, remain elusive. Lowe (2004) cited that national housing policy structures in truth are interacting closely with other areas of social policy structure. The nuts and bolts of housing service delivery in the public sector often link housing needs issues with other welfare services. Further sections of this paper will discuss housing and social policy with regards to the elderly living arrangement in Malaysia.

### **3.0 ELDERLY IN MALAYSIA**

The beginning of older age is not precisely defined. This makes comparisons between studies and between countries difficult (Krug *et al.*, 2002, Ohara, 2004). In Western societies, the start of old age is usually considered to be coincide with the age of retirement, which is from 60 to 65 years of age (WHO, 2005). In the UK, the older age began when people reached

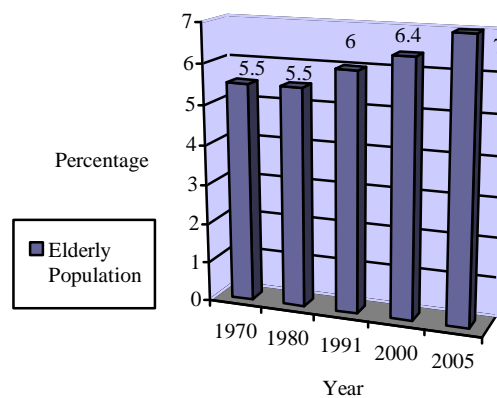
pension age of 60 years for women and 65 for men (Age Concern, 2006). The United Nations World Assembly on Ageing held in Vienna in 1982, stated the age of 60 years and above should be adopted for deliberating issues on ageing. However, according to Campbell (1999), if we equate old age with exit from economic activity we find that, although average age life expectancy has increased, the average of exit from the labour market has continued to fall. Appleton (2002) expressed that an average old age may stretch from the early fifties into the eighties and beyond. However, if we take functional capacity (the ability to move around freely and to live independently) as the threshold, which is the entitlement for a person who is 65 years of age in the UK, it is still inadequate. Krug *et. al.*, (2002) assumed that old age is regarded as that time of life when people, because of physical decline, can no longer carry out their family or work roles. As elderly people are not a homogeneous population when it comes to their age ranges, the circumstances of individuals are enormously varied (Appleton, 2002). Woolft (2006) cited that an individual's age classification changes as one progresses through the life cycle. Thus, age classification is characterized by continual change, while the other classification systems traditionally used by society such as race and gender remain constant. Second, no one is exempt from at some point achieving the status of old, and therefore, unless they die at an early age, experiencing ageism. The later is an important distinction as ageism can thus affect the individual on two levels. First, the individual may be ageist with respect to others. That is s/he may stereotype other people on the basis of age. Second, the individual may be ageist with respect to self. Thus, ageist attitudes may affect the self concept. Specifically, Malaysia has adopted the age 60 in formulating and implementing plans for its senior citizens with the present retirement age of 55 years (Phillip and Chan, 2002). With regards to the care homes for the elderly, officially the age of 60 has been adopted as the qualifying age to be accommodated (Department of Social Welfare, 2006). According to Abdul Jalil (2005a), at the moment, 61 countries out of 190 are below replacement level of the birth rate. It has been said that the world is moving from Toys “R” Us to Old “R” Us - hearing aids, spectacles, incontinence diapers, hair colouring, dental work, face lifts, botox, replaceable parts (Abdul Jalil, 2005a). According to the World Health Organisation (WHO, 2002) in Krug *et. al.*, (2002), it is predicted that by the year 2025, the global population of those aged 60 years and above will more than double, from 542 million in 1995 to about 1.2 billion. See **Figure 1** below.



**Figure 1:** Projected growth in the global population aged 60 years and older, 1995-2025

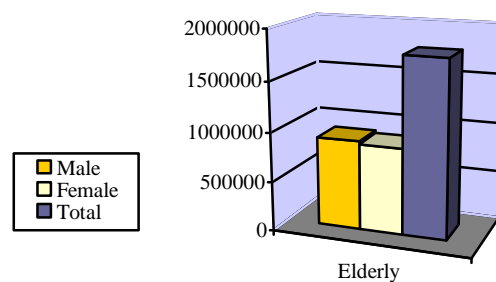
The total numbers of elderly people living in developing countries will also more than double by 2025, reaching 850 million or 12 per cent of the overall population of the developing world. Throughout the world, 1 million people are believed to reach the age of 60 years every month, 80 percent of whom are in the developing countries (Randal and German, 1999). Since the Second World War, Asia has also been the most successful region of the world in reducing fertility. Among Asian countries, Japan is the leader in the process. Japan is becoming a ‘super-aging

society' beyond an 'aged society' (Ohara, 1994). In addition to this, in Southeast Asia, other countries like Singapore, Thailand, Indonesia and Malaysia are similarly involved in this process. An important consequence of these changes taking place is a rapid increase in the elderly population (Arokiasamy, 2005). In general, the aging process is rapidly taking place everywhere. While it took the West and more developed countries in the region over 100 years to grow old, in many countries in the Asia Pacific region it will be reached in less than 30 years. For example, in Japan the ageing process took 25 years, while in Singapore it took only 18 years (Abdul Jalil, 2005a). By the year 2025, it is projected that the elderly will number about 1.2 billion (14 percent of the total) of which three quarters will be in the developing countries. In the developing countries, Arokiasamy (2005) stated that between 1980 and 2020, the total population is expected to increase by 45 per cent while the elderly group will increase by 80 percent. According to the National Council of Senior Citizens Organizations Malaysia (NACSCOM) the aging population is also increasing in Malaysia. Increasing longevity and declining birth rate is major contribution to the increasingly ageing population in Malaysia (Abdul Jalil, 2005a). United Nations Fund for Population Activities (UNFPA) stated that Malaysia was categorized as an ageing nation when the older population reached 7.2 percent (1.8 million) by the year 2005 (NACSCOM, 2005). Certainly, in 2005, a statistic from the United Nations (2005) and figured by Sulaiman *et. al* (2006a and 2006b), total elderly population in Malaysia had already reached 7 per cent as in the **Figure 2** below. Economic Planning Unit (2005) published that over time, since 1970, the age composition of the elderly Malaysian population has changed rapidly. Overall, the proportion of the elderly has began to increase, and will increase more rapidly from now on. As shown below, **Figure 2** demonstrates the exponential growth rate in the population of the elderly in Malaysia since year 1970 until the year 2005. **Figure 3** shows the male elderly is about 900,550 and the female elderly is 873,810 out of 1.77 million of total elderly population in Malaysia (United Nations Statistics Division, 2005). In addition to this, Philip and Chan (2002) cited that by the year 2020, 9.5 percent of Malaysian population will be aged 60 years and above.



Source: Economic Planning Unit (2006)

**Figure 2:** Percentage of Elderly Population in Malaysia (1970-2005)



Source: United Nations Statistics Division (2005)

**Figure 3:** Population of Elderly in Malaysia by age (60-75+) in 2005

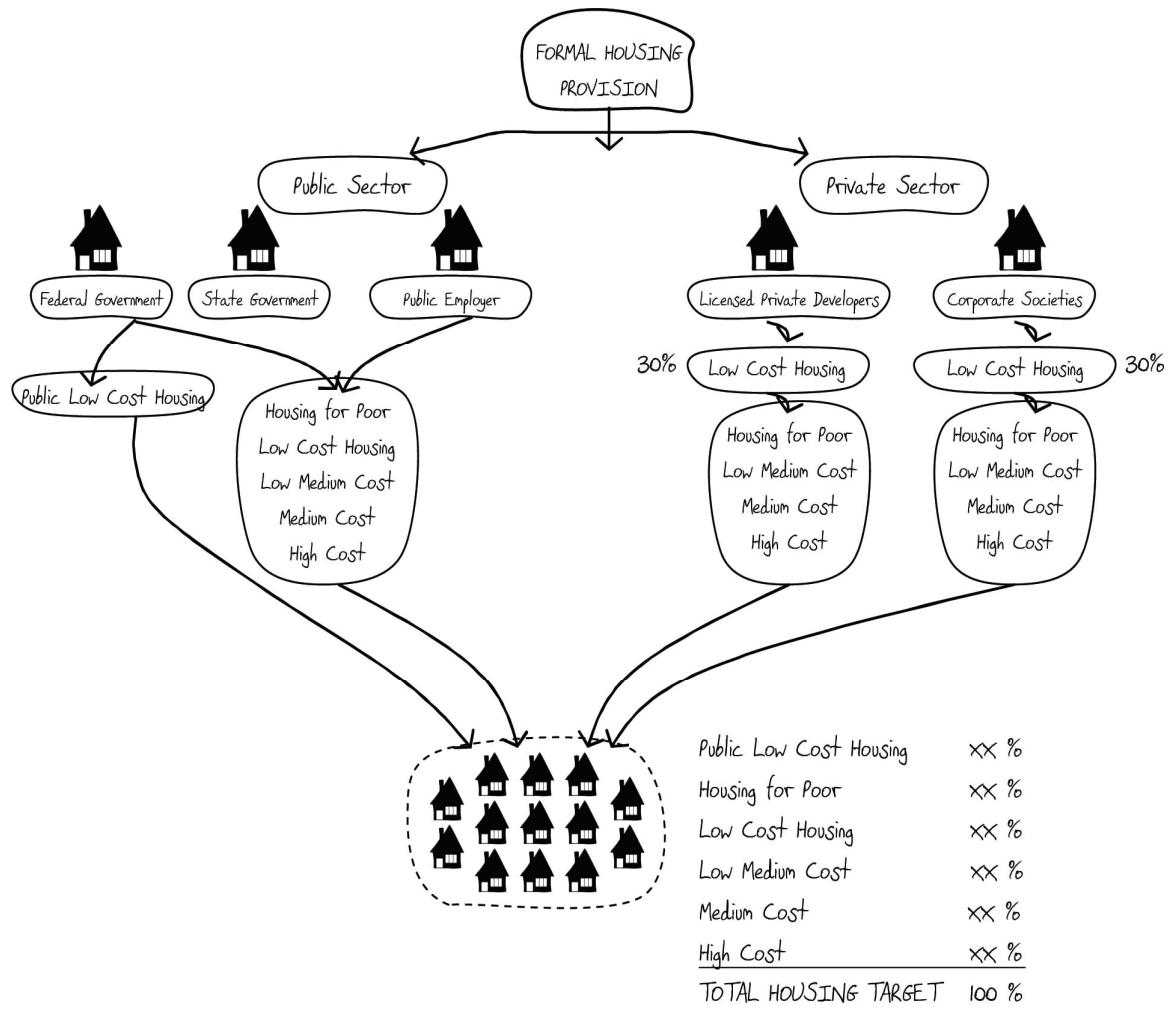
#### 4.0 HOUSING POLICY AND THE ELDERLY

According to Malpass and Murie (1994), 'housing policy' can be defined in terms of measures designed to modify the quantity, quality, price and ownership and control of housing. Certainly housing differs from the three other pillars of the welfare state of social security, health, and education (Kemeny, 2001, Spicker, 2000). The main reason is it is characterized by high capital intensity and huge capital investments. Globally, Paragraph 61 of the Habitat Agenda (1996) cited that all governments, without exception, have a responsibility in the shelter sector, as exemplified by their creation of ministries of housing agencies, by their allocation of funds for the housing sector, and by their policies, programmes and projects. The provision of adequate housing for everyone requires action not only by governments, but by all sectors of society, including the private sector, non governmental organizations, communities and local authorities, as well as by partner organizations and entities of the international community (UN-HABITAT, 2002). In Malaysia, the word housing is integrated with the word 'housing accommodation'. "Housing Accommodation" as interpreted under Part 1, Section 3, Housing Development (Control and Licensing) Act 1966 (Act 118) & Regulations "includes any building, tenement or messuage which is wholly or principally constructed, adapted or intended for human habitation or partly for human habitation and partly for business premises but does not include an accommodation erected on any land designated for or approved for commercial development" (Legal Research Board, 2002). In practice, through the Ministry of Housing and Local Government (MHLG) the government has presented various housing policies to the nation since the First and Second Malaya Plan (1956-1965) until the latest Ninth Malaysia Plan (2005-2010). Economic Planning Unit (2006) stated that the strategic thrusts of housing development and urban services in Malaysia during the Ninth Malaysia Plan (2005-2010) are to:

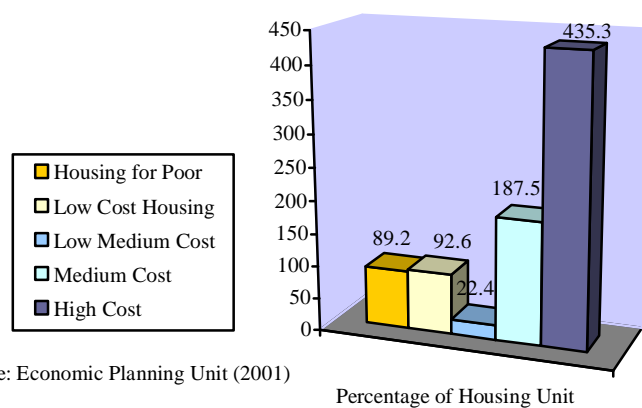
1. Provide adequate, affordable and quality houses, particularly to meet the needs of the low-income groups, with greater emphasis on appropriate locations and conducive living environments;
2. Review laws and regulations to ensure proper development of the housing sector;
3. Encourage private sector participation in the construction of low and low-medium-cost houses;
4. Improve the efficiency and capability of local authorities;
5. Ensure the provision of quality urban services; and
6. Encourage greater community participation in urban development.

MHLG is responsible for the development and controlling of both formal and informal modes of housing provision (Sulaiman *et. al.* 2005a, 2005b, 2005c). Officially, as mentioned earlier, formal housing provision in Malaysia has been planned through Five Year Development Plans. Formal housing provision represents housing that is "produced through the official channels of recognised institutions, e.g planning authorities, banks and building and land development companies, and observing formal legal practices, building standards and land use and subdivision regulations" (Sulaiman *et. al.*, 2005b). In Malaysia, formal mode of housing provision can be described as in **Figure 4** below. In general, the formal mode of housing provision in Malaysia was supplied within a market-oriented perspective. This housing need is considered as synonymous with the subjective preferences of the actors in the market, for example the housing market. This approach has its background in economic theory and has a premise that the most rational way to distribute goods and services will be to follow the rules of the free market supply and demand (Ytrehus, 2001). However, this approach is believed to lead increased inequality and more problems for those who really need help such as people with vulnerabilities. In Malaysia, similarly, we can see

that the same problem has occurred. **Figure 5** below shows that the total housing unit during the Seventh Malaysia Plan (1996-2000) was mainly targeted based on developers' preferences. As a result, developers responded with more launches and starts of the higher price cost houses without considering the needs of families in medium and lower income groups even though these groups represented almost 40 per cent and 30 per cent respectively of the Malaysian total population in the Seventh Malaysia Plan (1996-2000) (Ismail and Sulaiman, 2004a).



**Figure 4:** Formal Mode of Housing Provision in Malaysia



Source: Economic Planning Unit (2001)

**Figure 5:** Housing Completed during the Seventh Malaysia Plan (1996-2000)

In the meantime, since the Colonial Administration and Pre Independence Period (1950-1954) until the latest Ninth Malaysia Plan (2006-2010), government has launched various types of housing programmes either by public or private sector developers. Unfortunately none of these programmes has been specifically provided for the people with special needs such as the elderly. According to Cheah (1995) in Ong (2001), a review of the MHLG document found that there is no special provision designed to cater housing needs for the elderly in Malaysia. Reviews by Sulaiman *et. al.*, (2005a; 2005b; 2005c; 2006a and 2006b) identified that none of the housing schemes has been provided for the elderly either by a public or private sector developer. See **Table 2** below. In addition to this, housing units were also developed based on general family needs. This means, housing unit is only provided for households who do not require extra housing or related support. Housing with special needs means for households having some characteristics, physical or mental, and also they require a higher level of housing or care support than general needs groups (Reeves, 2005). From this evidence, it shows that the government lacked attention to the requirements of people with special needs. Many older people have quite low incomes but at the same time their housing needs maybe more difficult to be addressed. Normally, in this type of needs, housing provision has to be designated or adapted especially to cater for the specific need or range of needs thought to be significant by the provider, sometimes in consultation with the customer (Reeves, 2005). The current mechanism used by the government to help needy people is providing at least 30 per cent of house to the lower income group or allocated special quota to *Bumiputera* (the indigenous people of Malaysia). However other people with special needs were very rarely discussed in the Five Years Development Plans. At this important point, government should identify a new formula to ensure that housing is equally allocated to the people with special needs such as the elderly and people with disability.

**Table 2:** Housing Target during the Eighth Malaysia Plan (2001-2005)

Programme	Housing for the poor	Low cost	Low Medium Cost	Medium Cost	High Cost	Total
<b>Public Sector</b>	<b>16,000</b>	<b>192,000</b>	<b>37,300</b>	<b>46,700</b>	<b>20,000</b>	<b>312,000</b>
1. Public Low-cost Housing	-	175,000	-	-	-	175,000
2. Housing Rehabilitation	15,000	-	-	-	-	15,000
3. Sites & Services	1,000	-	-	-	-	1,000
4. Housing by Commercial Agencies	-	15,000	10,000	16,000	15,000	56,000
5. Housing by Land Schemes	-	2,000	1,000	-	-	3,000
6. Quarters & Staff Accommodation	-	-	26,300	30,700	5,000	62,000
<b>Private Sector</b>	<b>-</b>	<b>40,000</b>	<b>94,000</b>	<b>64,000</b>	<b>105,000</b>	<b>303,000</b>
1. Private Developers	-	39,000	90,000	60,000	100,000	289,000
2. Cooperative Societies	-	1,000	4,000	4,000	5,000	14,000
<b>TOTAL</b>	<b>16,000</b>	<b>232,000</b>	<b>131,300</b>	<b>110,700</b>	<b>125,000</b>	<b>615,000</b>

(Source: Economic Planning Unit, 2001)

In UK housing policies, by 2010, the government's aim is to bring all social housing into decent condition with most of the improvement taking place in deprived areas, and also to increase the proportion of private housing in decent condition occupied by vulnerable groups (ODPM, 2004). United Nations Economic Commission for Europe (UNECE) and the European Liaison Committee for Social Housing (CECODHAS) defined vulnerable groups in housing as single parents, particularly female-headed single households; the unemployed, especially the long term unemployed; pensioners and the elderly (particularly lone elderly); large or young families with dependent children; disabled people; migrants, refugees, asylum seekers; ethnic minorities; and other displaced people (UNECE, 2003). Unfortunately, the definition and classification of people with vulnerability was not appropriately established in Malaysia from both housing and social

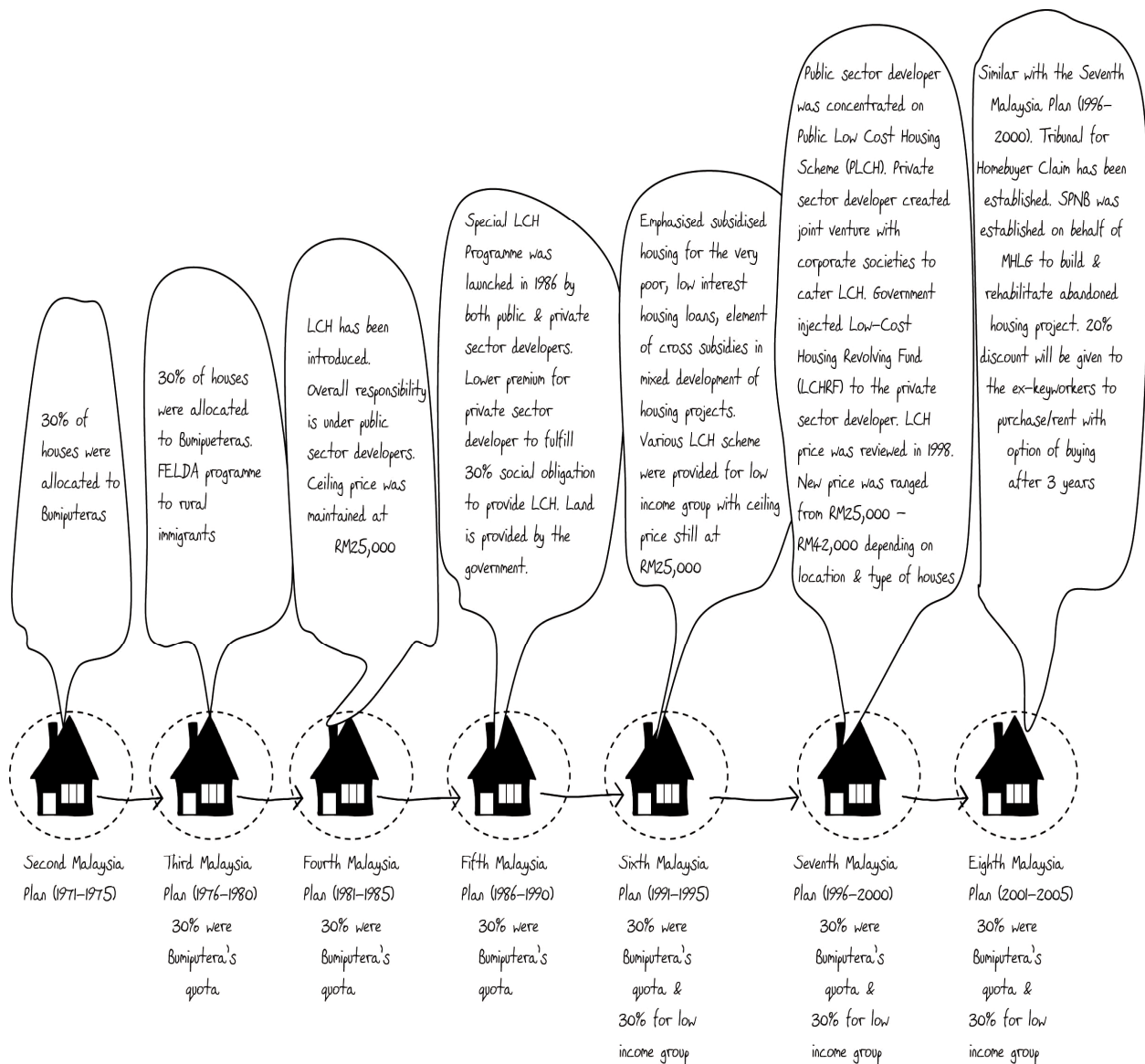
policy studies. With regards to the aforesaid definition, Malaysia also does not have the provision of social housing which is largely important in European countries. As regards the vulnerable people in Malaysia, the Human Rights Commission of Malaysia (SUHAKAM) officially defined vulnerable people in Malaysia as the urban and rural poor, single mothers, the elderly, people suffering from mental illness and indigenous people. This definition was established due to the debate on Article 25(1) of the Universal Declaration of Human Rights 1948 (UDHR) at the Seminar on Accessibility to Basic Needs in 2003 which stated that everyone has the right to a standard of living adequate for the health and well being of himself and of his family, including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (UN-HABITAT, 2002). Certainly, the definition of vulnerable people is wide however, in truth terms like ‘vulnerable’ and ‘at risk’ are often used to describe the position of elderly people (Shaw, 2002). All in all, besides the poor and lower income groups, the requirement of other people with vulnerability should not be left behind in both quantitative or qualitative ways such as the quantity of units built and quality of housing designed.

Ismail and Sulaiman (2004a) noted that both public and private sector developers in Malaysia contributed less to the provision of affordable and quality housing for needy people. In this regard, Agus (2003) and Yahya (2003) agreed that the public or private sectors in Malaysia should bear the obligation for fulfilment of the right to housing, particularly among the disadvantaged such as the poor and the elderly. In order to encourage a greater contribution from the private sector, the UN-Economic and Social Council (ECOSOC), also mentioned that government may impose duties on a person or provider subject to their jurisdiction. Furthermore, Eide and Rosas in Eide *et. al* (2001) affirmed that the imposition of duties, such as the duty to respect the rights of other people and the duty to contribute to the common welfare, makes it possible for the government to assist and to provide ways which enable everyone to enjoy their economic, social, and cultural rights, including the right to adequate housing. In addition to this, if private sector housing developers fulfil their social obligations to the elderly people, public sector involvement could be substantially reduced. However, it should be cautioned that housing developers may include and transfer this cost onto the house buyers. No matter what, in the next few decades the elderly population in Malaysia will be growing and this means public and private sector needs to engage housing the nation. The responsibility to take care of elderly citizens should not be solely dependent on the Department of Social Welfare. As government is promoting the elderly to live with their children or independently, housing developers should work together in providing quality housing to cater the needs of the elderly which should also be tailored to an individual’s specific needs. For example, in the UK, housing associations such as Abbeyfield societies and almshouses trusts are major providers of services for older people. The value of their housing units in helping older people stay independent has been widely acknowledged. In addition to this, various housing schemes for the elderly offered a degree of security and support which is not found in independent accommodation (Reeves, 2005). Normally, for this type of need, housing provided has to be designated or adapted especially to cater for the specific need or range of needs thought to be significant by the provider, sometimes in consultation with the customer (Reeves, 2005).

Flood and Yates (1989) stated, “the term ‘subsidy’ is widely used as a means of describing government assistance to housing, but it is generally rather vaguely defined”. From an economic viewpoint, a subsidy is defined as the difference between the cost



producing a housing service and the price of consuming that housing service (Ermisch, 1984; Pearce, 1986; O’Sullivan, 1986; Hills, 1991 in Haffner, 2000). Reviews of housing schemes for over 50 years revealed that governments provide subsidy mainly to the poor and lower income group in the form of low cost housing (LCH) (Sulaiman *et. al.*, 2005a; 2005b; 2005c; 2006a; and 2006b). Retrospectively, this capital subsidy was given mainly to the poor and lower income group in the various Five Year Development Plans since the Second Malaysia Plan (1971-1975). **Figure 6** below identifies various forms of subsidy given by the government to the Malaysia housing industry. Based on this figure and **Table 3**, government has given subsidy in the form of setting a ceiling price; monitoring the volume of LCH housing units; providing special discounts for *Bumiputeras* and ex-keyworkers; making special allocation for lower income groups; granting Federal Government loans to State Governments for the development of Public Low Cost Housing (PLCH); specifying the type of materials used in construction and design specifications for LCH; investing the element of cross subsidies in mixed developments in housing projects; and close monitoring of the private housing market. In this regards, LCH projects have to be heavily subsidised by government to make them affordable to the poor and lower income group.



**Figure 6:** Subsidy given by the government in housing industries in Malaysia

**Table 3:** Pricing schedule for LCH based on location, target group and types of houses (Peninsular Malaysia)

Cost per Unit (RM)	Cost per Unit (€)	Location/area * (cost of land per m <sup>2</sup> )	Monthly Income of Target Group (RM/€)	Type of Houses **
42,000	8,624	<b>Area A</b> City and largest towns (RM 45/€ 9.24 and above)	RM1,200 – 1,500 € 246.40-308.00	Flat, 5 storey or more
35,000	7,186	<b>Area B</b> Larger towns and urban periphery (RM 15/€ 3.08-RM44/€ 9.03)	1,000 – 1,350 € 205.33-277.20	Flat, 5 storey
30,000	6,160	<b>Area C</b> Small towns and urban periphery (RM10/€ 2.05-RM14/€ 2.87)	850 – 1,200 €174.53-246.40	Terrace and cluster
25,000	5,133	<b>Area D</b> Rural areas (Less than RM10/€ 3.08)	750-1,000 € 154.00-205.33	Terrace and cluster

(Source: Guideline for the New Price of Low Cost Housing, 2002). \* 1 € is equal to RM4.87

\* Location/area is determined based on the current value of the land for residential purposes.

\*\* Proposed type of houses on a cost effective consideration. This however, does not prohibit the building of different types of houses but the selling prices are subject to location/area and prices as recommended.

In terms of definition, Sulaiman *et. al.*, (2005c) defined LCH as “Housing units which are allocated specifically to the lower income groups from the price ranging between RM25,000 (€ 5,133) to RM42,000 (€ 8,264) subjected to the location areas; monthly income target group; type of LCH to be built and achieve the national housing standard for low cost housing in Malaysia” (Sulaiman *et. al.*, 2005c). Government also stipulated several eligibility requirements for the LCH and revised the eligibility criteria to obtain these affordable housing units. Unfortunately, feedback received by SUHAKAM in 2003 indicated that the list of eligible buyers of LCH, managed by State authorities are outdated and have led to inefficiencies in the distribution of such units (SUHAKAM, 2003). In addition to this, none of the aforesaid subsidies has been formulated for people in special needs like the elderly. With regards to subsidy, according to Caraher (2000), if the elderly co resides with an adult child, their adult children may obtain some economic incentives such as a tax rebate of RM1,000, RM1,000 tax deduction against medical expenses incurred by adult children for the care of older parents, and further RM1,000 is tax deductible against the purchase of necessary equipment for disabled parents. If someone has a formal social protection deposit such as Employees Provident Fund (EPF), 30 percent withdrawals are permitted for the purchase or building of a house, or payment of housing loans. If someone does not has formal social protection they are perceived to rely on their children for support during old age. Sometimes, they need to work even at the old age. All in all, as mentioned earlier, most of the elderly in Malaysia prefers to spend their life with their own savings or social protection insurance and living with their children or close relative. Unfortunately, not all elderly people have pension or children to support them. If the elderly does not have any income sources, is poor, or has no dependents or family they may be able to obtain monthly financial aid from DSW. This allowance is about MYR200.00 (€44.00) per month.

The main legislation governing developers the housing industry in Malaysia, is Housing Development (Control and Licensing) Act 1966 [Reprint - 2000] - Act 118. According to Loi (2003) there are between 50 and 60 pieces of legislation, guidelines, rules and regulations, by laws etc that governed the housing industry in Malaysia. It may vary from state to state, local councils, governmental and quasi governmental agencies. Ismail and Sulaiman (2004) identified that over 35 pieces of legislation have governed the housing industry in Malaysia. Interestingly, none of the legislation requires housing developers to design and build their housing scheme to emphasise the needs of the elderly or people with disability. Most affordable housing units do have formal standards known as National Housing Standard for Single and Double Storey Low Cost Housing (1998) (CIS:1) and Housing Standard for Low Cost Housing Flat (CIS:2) prepared by Construction Industry Development Board (CIDB) but developed with lower cost of

achieve at least the minimum standard for housing units. With regards to physical building, Uniform Building by Laws Act 1984 (UBBL 1984), should be amended and must look into the physical housing needs of the elderly such as type of facilities that ought to be available such as grab bars, pole grip, non-slip flooring, barrier-free space for the use of wheelchairs; introduce low cost housing schemes which take into account the habitability and cultural adequacy aspect of housing; and construct disabled friendly houses (SUHAKAM, 2003). Properly designed, the living environment can increase the comfort, safety and health of the elderly (Yusoff *et. al.*, (2004). For example, they suggested the concept of a universal house to be adapted in Malaysia. A universal house begins with three essential components: a step-less entry, wider doors and halls and usable bathroom. Whatever it is, housing design should reflect people's changing needs and lifestyles and needs to reflect the continuum of their life experiences from younger to older age. The United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) stated that "apart from the Section 34A by-law, there is no other legislation in Malaysia relating to the eradication of discriminatory practices for people with disabilities (except for some tax exemption)"(UNESCAP, 2001). Also, the introduction of legislation regarding people with disability should be imposed as soon as possible in Malaysia. Many NGOs urged the government to enforce this Act, and promises have been made by the government to implement this act in year 2006.

In practice, local authorities in Malaysia have been directly involved in managing social welfare facilities for the vulnerable people in their community area. Local authorities services to people with vulnerabilities were viewed as a more residual provision. The most significant point was maybe the origin of social care services and programme in Malaysia. Until now, MWFCDD is responsible for all care and benefit matters regarding the elderly, people with disabilities, children, destitute persons, women, single mothers etc. Review of the Local Government Act 1976 (Act 171) & Subsidiary Legislation, showed that local authorities in Malaysia do not have statutory responsibilities with regards to the assessment of community care services for people. Mainly, Section 101-Further Power of Local Authority in the Local Government Act 1976 (Act 171) & Subsidiary Legislation has stated that in addition to any other powers conferred upon it by this Act or by any written law a local authority shall have power to do all or any of the following things, namely, "to support or contribute to the support of public parks, gardens, esplanades, recreation grounds, playing fields, children playgrounds; open spaces; holiday sites; swimming pools; stadium; aquaria; gymnasias; community centres and charitable, religious, educational, social or welfare organisations or institutions". On this note, UNESCAP (2001) also revealed that research done by MHLG indicated that there is a lack of understanding of the requirements of by-laws among the technical officers at the local authorities and that commitment from the council or its top management towards this issue need to be strengthened or emphasised. Local authorities should also improve the committees or technical agencies which are responsible to grant approval for Certificate of Fitness for Occupation (CFO) based on the new amended UBBL 1984. Differently, in the UK, a local council is responsible to hold a stock of adapted properties to meet specific needs. Whenever possible the council tries to let these properties to people who need them after assessment from an occupational therapist. Due to meet the Decent Home Standard by 2010, a local council also plays a role to survey people's home to find out exactly what improvements need to be made in their social housing units. Local authorities are also given a grant by the government for the Supporting People Programme to help vulnerable people, welfare for the elderly etc. Surprisingly, according to Ong (2001), in Malaysia, local authorities have looked upon

setting up such care homes for the elderly as “business” and therefore had to be carried out in designated commercial properties.

In January 2006, the Valuation and Property Service Department, Ministry of Finance, has made a call to the expertise in Malaysia for reviewing the housing needs model (INSPEN, 2006). This call indicated that there is a necessity to improve the current assessment of housing needs in Malaysia. The main reason for this review is to overcome the waste of resources and optimise the housing supply. Reviewed by Sulaiman *et. al.*, (2005a, 2005b, 2005c, 2000d) each development plan revealed that the government does not have any standard or guidelines to assess the needs of people in determining their housing needs either for general or special needs. As mentioned earlier, there was an inequality problem occurring between the distribution of housing units in terms of the supply within the income level, housing cost and house buyer’s needs in the Seventh Malaysia Plan (1996-2000). In addition to this, there was also no formal standard or best practice guidance established to protect the rights and needs for house buyers within these housing needs. Government, especially the MHLG and local authorities, should react to this phenomenon and make an effort to carry out housing needs surveys, conducting research covering national, state and local housing needs, and establish a guide to good practice in assessing housing needs throughout the nation. The important information regarding the special needs such as finalising general and special housing needs; size of special needs households; tenure of special needs households; age of special needs house holds; special needs and unsuitable housing types; household incomes and special needs; the important point is identification of the ratio of households with special needs and without special needs. There is also a need for a clearer relationship between the state, local, district levels in terms of identifying housing needs and, in particular, the need for the elderly. This will require the local authorities to change their current ways of assessing housing needs before giving approval for residential development to housing developers. Instead of just households housing needs, local authorities need to draw up a strategy or needs assessment for the identification of future housing supply needs in their local authority area. For example, most needs fall within one of three categories: need for work on the existing housing stock, need for more dwellings, and need for care and support (ODPM, 2005). In fact, local authorities, together with other agencies, should have a proper method to assess community care services as well, especially for older people over 60 to establish whether they need those services.

Malaysia also lacks of research on housing generally, and housing for the elderly specifically. An analysis of papers published in the Welfare Journal by DSW revealed only five papers had been written on the elderly since 1991 (Muhamad & Kamis, 2006). Poi *et. al* (2004) stated that there was no vision of change for treating and caring for older people, or directing programmes of home or community base care, or pursuing research in geriatrics in Malaysia. Muhamad & Kamis (2006) revealed that older groups command less than favourable interest in the academic and economic arena in Malaysia. From this point of view, research is very important because through this older people can express their views on housing issues, especially in research relating to their needs and aspirations. This research should cover national collaboration between state, local government, academicians, NGOs, practitioners and other stakeholders in the housing industry. For example, in the UK, the Housing Corporation (HC) has supported around 100 action research and good practice projects on older people. UK Government also has responded by establishing the Cabinet Committee on older people to improve the overall quality of life for older people and address health, pensions, lifelong learning and active

citizenship as well as housing. The outcomes, findings and recommendations from the research would be very useful for the improvement of current practices with regards to the elderly to be housed in Malaysia.

## 5.0 SOCIAL POLICY AND THE ELDERLY

The provision of care homes for the elderly in Malaysia is not considered as part of the housing programme. It has been separated and considered as a different social policy programme under the community and family development allocation. In the context of governance, formal and informal housing provision in Malaysia is managed by the MHLG, whereas the provision of care homes for the elderly is managed by the Ministry of Women, Family and Community Development (MWFCD). There are four departments under this ministry known as Department of Women Development (DWD); Department of Social Welfare (DSW); National Population and Family Development Board (NPFDB); and Institute Social Malaysia (ISM) (MWFCD, 2006). Officially, the care homes for the elderly in Malaysia are managed by DSW. With regards to the social policy and the elderly, there are some evolution points which are important to be known as the following;

1948 The establishment of the Central Welfare Council Peninsular Malaysia (CWC) as an NGO soon after World War II to provide relief and assistance to people including the elderly as a result of the war.

1950 First Care Home for the elderly was established in the state of Perak with 350 occupancies

1989 National Plan of Action for Older Persons has promulgated to provide a society of older persons that are independent and possess a high sense of self-worth and dignity.

1990 The National Council of Senior Citizens Organizations Malaysia (NACSCOM), a non-profit federation of senior citizens organizations, established on 14 July 1990.

National Welfare Policy was introduced to maintain that the family plays crucial roles in providing care for older people. It also required the provision of security for retired people.

Health for Elderly was first proposed to be included into the Ministry of Health New Policy Programs in the 6<sup>th</sup> Malaysia Plan (1990-1995). The policy continues to focus on family as a carer for older people as acknowledgement of the importance of family support towards them.

1992 The declaration in 1992, of 1<sup>st</sup> October as the Day of Elderly marked a new chapter in the history of Malaysia, as the government began to recognise the needs of the elderly.

1993 The enforcement of Care Centre Act 1993 was further strengthened to ensure that a certain standard of care and service was provided for the welfare of residents at these centres.

1995 The policy for older people was finally introduced in Malaysia with the focus to develop a society of older people who are healthy, dignified, and possess high social esteem. The Ministry of National Unity and Social Development (MNSUD)

was required to manage the policy and develop strategies and programmes for older people.

The National Policy for Older Citizens (NPOC) was endorsed by the Cabinet especially through the effort of National Councils of Senior Citizens Organisations of Malaysia (NACSCOM), which had been pressing for the formulation of such a policy since early nineties.

Ministry of Health introduced Health Programs for Elderly. It also proposed to the government to establish National Council for Elderly.

1996 NACSCOM convinced Government to form a National Advisory and Consultative Council for the Older Person to advise Government on the implementation of the National Policy on Ageing. Government established the National Advisory and Consultative Council for the Older Persons comprising many government ministries, corporate organisations, Non Governmental Organisations and prominent individuals.

1998 In December 1998, Malaysia approved the national policy and submitted the document together with its plan of actions to the National Advisory and Consultative Council for the Older Persons.

The document was subsequently launched by the late Yang di-Pertuan Agong Sultan Salahuddin Abdul Aziz Shah [Supreme Head of Malaysia], on 1st October 1999. The formation of the National Council on Health of the Elderly was established.

1999 The publication of Action Plan for NPOC (National Policy for Older Citizens).

This year was recognised as International Years of Older Person.

2000 Programmes for the aged shifted from a welfare approach to a development approach to ensure active and productive ageing.

2001 Ministry of Women Affairs was established

2002 Institute Social Malaysia (ISM) was formatted as an agency of the MWFCDC. The operations commenced with the main objective of becoming one of the most renowned centres of excellence in the field of social policy and social development. This institute will be a training hub for civil servants and other social practitioners, centre for new ideas and information in the field of social policy and social development. The institute conducts training courses, seminars, workshops and forums as well as organising major conferences in social development.

2003 National Social Policy (NSP) was planned to provide the framework for social progress and balanced development through the synergistic efforts of the Government, the private sector and civil societies as well as the community. It adopts a holistic approach towards enhancing life long empowerment of the systems, delivery of effective social services, promoting social inclusion, sector collaboration and synergy.

SUHAKAM announced the definition of vulnerable people in Malaysia.

- 2003 The Family First campaign was launched at the national and state levels to create awareness and recognition of the family as a social priority and fundamental unit of society, which should be protected and supported by the state and community.
- 2006 National Family Policy (NFP) will be formulated with the objective of developing and enhancing the family institution as well as promoting family first concept. This policy will ensure the incorporation of family well-being initiatives in all policies, legislation, programmes, services as well as facilities

According to the Economic Planning Unit (2006), during the Eighth Malaysia Plan (2000-2005) and Ninth Malaysia Plan (2006-2010), government has emphasised social policy with regards to the elderly as the following;

#### **Eighth Malaysia Plan (2000-2005)**

1. Programmes for the aged shifted from a welfare approach to a development approach;
2. Emphasised community participation that included promotion healthy lifestyles, social and recreational activities;
3. Encouraged volunteerism among older persons as well as intergenerational activities, lifelong learning programmes and learning skills such as ICT to enable continuous contribution to family, society and country;
4. Encouraged family members to take care of the elderly;
5. Provided various amenities and privileges to the elderly such as;
  - provision of special counters and seating areas by government agencies
  - rebates of 50% on fares for domestic air and rail travel
  - employment opportunities from Ministry of Human Resources
  - employers can claim 100 percent tax rebate on retraining costs for older persons
  - establishment of 9 homes for older persons and 2 homes for the chronically ill
  - 2 Rumah Tunas Budi (Tunas Budi Homes) were built in collaboration with the private sector which provided care for 40 elderly persons
  - NGOs complemented the government's effort in providing institutional care through the provision of residential homes and cottages for the elderly to enable them to continue living within their own communities

#### **Ninth Malaysia Plan (2006-2010)**

1. Family development programmes will be implemented, particularly to promote greater community participation in caring for the socially vulnerable groups;
2. Efforts by the public sector will be complemented by the private sector and NGOs through partnerships and joint programmes;
3. Measures will be undertaken to provide for an environment for the elderly to remain healthy, active and secure while being able to age with dignity and respect as well as leading independent and fulfilling lives;
4. Value such as familial responsibilities, love and understanding for the elderly will be given greater emphasis;
5. Continuous improvements to enhance delivery mechanisms will be undertaken in line with expectations of society for the provision of fast and efficient services;
6. Social outreach programme to ensure groups in need are not left out of mainstream development will be undertaken as proactive measures;
7. Counselling services within the community will be encouraged to provide psychological knowledge and self-skills for older persons to enable them to be more competent to cope with the social, economic and psychological changes associated with aging;

8. Unit Mayang has set up to deliver welfare services direct to the community such as counselling besides processing applications for financial aid and making payments or registration of needy people;
9. Financial assistance will be enhanced for the elderly, children, and people with disabilities, benefiting about 150,000 recipient;
10. Government will continue to give the necessary support to enable NGOs to sustain and develop programmes and facilities for the marginalised and socially vulnerable groups;
11. To ensure quality care is provided to the target groups, the amendments to the Care Centre Act 1993 will facilitate registration of all institutions run by NGOs and strengthen enforcement of the Act;
12. Malaysia Social Institute (Institute Social Malaysia) will continue to train professional social workers and care givers with emphasis on providing quality care to the target groups;
13. National Standard for Social Work Competencies will be implemented to prepare social practitioners in facing challenges such as natural disasters, social security, population ageing and poverty eradication. ISM will become a training hub for social practitioners in the region

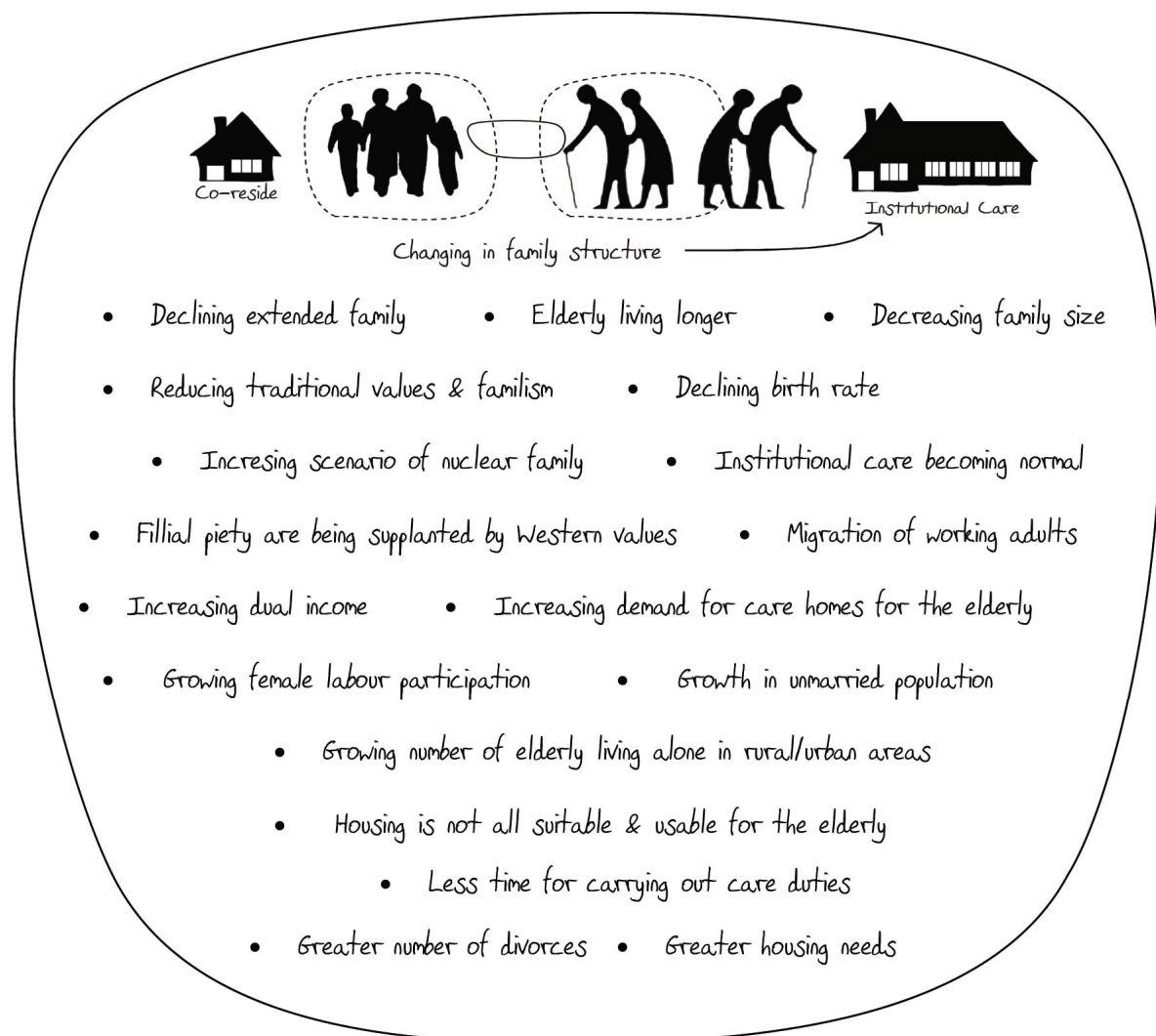
With regards to the discussion on the elderly living arrangements, in Asian population, Martin (1989) found that approximately three quarters of the elderly population still live with their adult children. Martin (1989) and Da Vanzo and Chan (1994), also found that more than two-thirds of Malaysians age 60 or over co-reside with an adult child. As a person who lives in Malaysia, we may believe that Malaysian still place great emphasis on the preservation of the family and its value. We may see that many Malaysians are still consistent and have a firm stand on the traditional definition of taking care of their parents. The benefits of this living arrangement range from companionship and emotional support to the fulfilment of the physical and financial needs of parents and also the children (Martin and Da Vanzo, 1994). However, research done by Martin (1989) stated that traditional values of familism and filial piety are being supplanted by Western values of individualism in Asian families. In other Asian countries like China, the expectation of institutional care for older people is becoming the norm. In Taiwan, institutional care has rapidly overtaken family care for the elderly (WHO, 2005). Though people in Asian societies still, on the whole, pay high respect to the elderly, there is no doubt that the value is fast fading away and can no longer be taken for granted (Chow,2006). Similarly, in Malaysia, Abdul Jalil (2005a) revealed that “We are certainly not going back to the period when we had a very youthful population that took care of an elderly population”. Further, the Eighth Malaysia Plan (2001-2005) identified that the concurrent phenomena of decreasing family size and increasing number of older persons, as well as other demographic and social factors affecting the family structure, such as the demographic role of the extended family, will require the establishment of formal institutions to take over the traditional responsibilities of families in Malaysia. Syed Mustafa *et. al*, (2005) also stated that Malaysia is similar to other developed countries which have shown an increment in the percentage of homes being developed in order to cater for the needs of the elderly people to reside and to be taken care of.

The increasing scenario of nuclear families; decline of extended family; migrations of the working adults to the urban areas or abroad; the increase of dual income families and the growing female labour-force participation are bringing an effect on the family structure especially for the future living arrangements of elderly people in Malaysia (Martin, 1989; Ong, 2002; Abdul Jalil, 2005a). The eradication of this traditional



value of familism are also influenced by the other factors such as the housing costs, level of income, and rural-urban location; and characteristics of the elderly (Da vanzo and Chan, 1994). In addition, more of Malaysia now has less time for carrying out care duties for taking care of their parents (Ong, 2002). In fact, some older people also remain living alone in the rural areas and also shoulder the responsibility of caring for their grandchildren while their children are working in the urban areas or abroad (Ong, 2001). On top of that, (Nurris, 2006) stated that there is also an increasing number of Malaysians opting for divorce when problems crop up in their marriage. About 150,060 couples took marital vows in 2004. In the same year, 19,800 divorce cases were recorded, an increase of 4,561 cases compared with 2000. Unsurprisingly, according to (Sonia, 2006), “they may not find fault with the finding that 80 percent of women professionals between the ages of 25 and 40 prefer to marry after 30 or not at all”. These are the concerting trends which also may influence the future elderly living arrangements in Malaysia. Herne (1994) summarised her research that a decreasing birth rate leads to fewer children to share the responsibility for care of elderly parent or parents; greater numbers of divorces may reduce contact with children and in-laws; geographical mobility of family members could leave an elderly person with no relative living within easy travelling distance; and most importantly, women have usually taken on the majority of care of the elderly for their own parents and often for those of their spouses. These are the reasons that make it a less feasible for families to act as a caregiver. In recent times the increase in the numbers of women working both full time and part time has left less time for carrying out care duties.

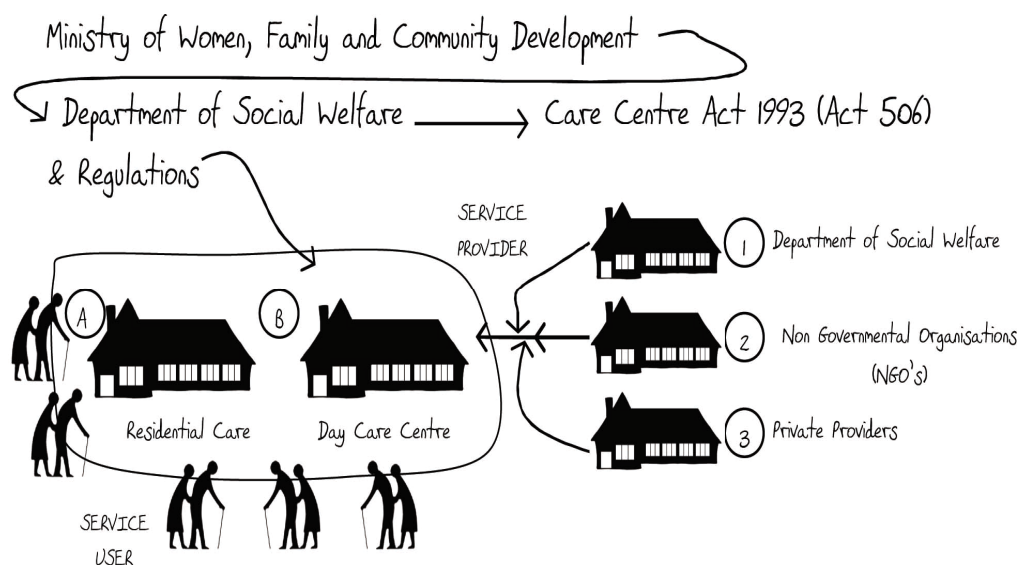
Based on this discussion, in the next generation, we can expect more elderly people living alone; decline of extended family; more elderly staying alone in the urban & rural areas; elderly become socially isolated; families will less readily to take care of the elderly; and the most important: it is alarming the nation that action should be taken as the nation is facing the increasing number of elderly people living alone which also need proper care. Even though older people are wishing to stay in their homes independently for as long as possible, the truth is the infrastructure needed to support this choice is often inadequate (Sulaiman *et. al*, 2006a and 2006b). As Ohara (2004) has cited, heading into a society where aging is progressing, and where even among elderly people there is an increasingly larger class of older senior citizens, the increasing number of elderly people requiring personal care (or nursing care) will be an even greater issue of importance. To the elderly, housing needs become increasingly entwined with health and care needs when they become older (Boaz *et. al.*, 1999). Therefore, staying at home may not always be appropriate and practical for some of the elderly (Sulaiman *et. al*, 2006a and 2006b). Poi *et. al.*, (2004) expressed his concerns that the family provides informal care in the way it thinks fit, but sometimes it leads to inadvertent neglect or overprotection of the elderly. Importantly, this maybe because the informal care receipt is positively correlated with unobserved negative health characteristics (Charles & Sevak, 2005). If the elderly continue to live alone it is important to have a good transportation system; healthy homes; and to continue to communicate with society. Even though more than two thirds of Malaysians age 60 or older co-reside with an adult child, in the next decade, institutional care which provides formal care to the elderly may no longer be considered unacceptable for an older person and society but is seen as an alternative for families to take care of their third age member. **Figure 7** below synthesised factors which affecting future living arrangement of the elderly in Malaysia.



**Figure 7:** Factors affecting future living arrangement of elderly people in Malaysia

The Malaysian government is very committed to enhance the family institution as well as promoting the family first concept. This has been proven by the establishment of the National Welfare Policy in 1990 to promote the family playing crucial roles in providing care for older people. With regards to moving into care homes, Allen (1992) found there are five main reasons why the elderly people had gone into residential care admission to care after a fall or fracture; admission to care following an acute illness; admission to care after general deterioration in mental or physical health; admission to care as a result of increasing pressure; and admission to care because of loneliness. Assael (1995) stated the decision making to move involves recognising a need; identifying and evaluating alternatives; and choosing an alternative that is expected to satisfy the need. Litwalk and Longino (1987) identify three points in life at which residents are likely to perceive their housing needs are not being met and a move is likely: at retirement; when chronic disabilities require family assistance; and when disabilities require professional care and institutionalization. The children also may feel stressed living with elderly people who need nursing. In some cases, sons abuse their mothers after being constantly nagged by their wives, upon whom the burden of caring for mothers-in-law often falls (Nakamura, 2006). In a decision as important as defining a place to be living, the elderly may also be influenced by others and make the choice in conjunction with other family members (Ong, 2001).

The provision of care homes for the elderly is managed by the MWFC. The management of care homes for the elderly in Malaysia is organised and controlled by the Department of Social Welfare (DSW). With regards to this formal care in Malaysia, officially, there are two types of care homes for the elderly known as Residential Care Centre and Day Care Centre. Under Section 2, the Care Standard Act 1993 subject to Section 3, Residential Care Centre is “any premises at which four or more persons are received for care as residents therein, whether for reward or otherwise; but in the case of premises operated or managed by a natural person, a person who is relative of that person shall not be reckoned in determining the number of persons received at the premises for the purposes of this definition”. The Act defined Day Care Centre as “any premises at which four or more persons are received for care for a continuous period exceeding three hours between the hours of sunrise and sunset in a day, and for at least three days in a week, whether for reward or otherwise; but in the case of premises operated or managed by a natural person, a person who is a relative of that person shall not be reckoned in determining the number of persons received at the premises for the purposes of this definition”. Sulaiman *et. al* (2006a and 2006b) identified that care homes for the elderly in Malaysia are provided by three main parties. They are the government or public sector provider known as Department of Social Welfare (DSW), the non governmental organisations (NGOs) which respond to the needs of older people as well as to the encouragement by the government and the third provider is the private sector, which is motivated by profit and for which the ability to pay applies. **Figure 8** below shows the provision of care homes for the elderly in Malaysia.



**Figure 8: Care Home Service Provider in Malaysia**

*i. Department of Social Welfare*

At the state level the management of elderly people in Malaysia is conducted by the DSW. At the moment, there are two types of service offered by the DSW to the elderly in Malaysia known as External Services and Institutional Services. The former service is also known as Welfare Help Scheme. This scheme is provided to the eligible elderly in the form of financial aid or material assistance such as spectacles

(Ong, 2002). The elderly with age 60 and above must declare that he/she does not have any income sources; is poor; and has no dependents or family, to be able to receive this allowance. According to Abdul Jalil (2005b), the MWFCDC has given the allowance to 23,334 elderly in Malaysia. Abdul Jalil (2005b) and Economic Planning Unit (2006) stated the monthly allowance received by the elderly in Malaysia is currently about MYR200.00 (€44.00) per month.

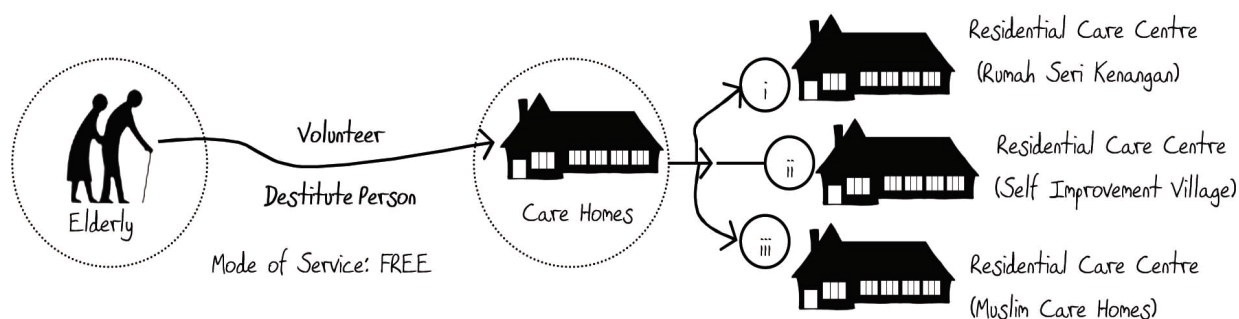
The later service is an institutional service which mainly provided the provision of the care homes for the elderly managed by the DSW. Institutional service refers to the shelter provided to the elderly people in Malaysia. These homes offer accommodation, counselling and guidance, occupational rehabilitation, devotional facilities, recreational activities and medical treatment (Ong, 2002). This care homes provision is defined in the Section 3, Care Centre Act 1993 as Residential Care Centre. Notwithstanding this act, care homes for the elderly under DSW can also be recognised as “welfare homes” as mentioned in Section 2, Destitute Person’s Act 1977(Act 183) [Reprint 2001] which means “any institution, part thereof, established under this Act for the reception, care and rehabilitation of destitute persons”. There are two acts which have been enforced by the government in the process of managing care homes for the elderly in Malaysia provided by DSW, known as Destitute Person’s Act 1977(Act 183) [Reprint 2001] and Care Centre Act 1993 (Act506) & Regulations [Reprint 2003]. Officially, the former act refers to the destitute person or the elderly and their requirements to enter to the care institutions provided by the DSW. The latter refers to the regulatory requirements for the care homes service providers with personal care either provided by DSW, NGOs or private provider.

In addition to this, according to Ong (2002), there is another act which relates to the care homes service providers for the elderly known as Private Healthcare Facilities and Services Act 1998 under the Ministry of Health (MOH). This act was passed by the Parliament but has not been enforced in Malaysia (Ong, 2001). This Act should be applied to nursing homes registration. However, the NGOs and private providers who are willing to establish a care home prefer to register under Care Centre Act 1993 (Act506) & Regulations [Reprint 2003] rather than this Act. This has been cited by Ong (2002) as “there are some care homes with small nursing homes providing some medical services; they prefer to register with the DSW because the requirements are easier to meet”. This statement indicated that the government lacks attention to the terms of controlling the registration of the care homes for the elderly in Malaysia. Significantly, if the care home provides a nursing service, it would be subject to the Healthcare Facilities and Services Act 1998. It is mainly because this type of care home will involve intensive nursing care and caters for older people, and including the very old with high needs of care. It is critically important for the MWFCDC, DSW and the MOH to work together to draw a clear distinction between the needs of individuals from the perspective of social or health in placing the elderly. The care homes provided by DSW are not subjected to this act because it is only caters personal care (not nursing care) to the elderly. According to DSW (2006) there are two conditions make the elderly eligible to be placed at the care homes under DSW. The first condition is subject to the Destitute Person’s Act 1977(Act 183) [Reprint 2001] and second condition is subject to the Regulations of the Management of the Old Folks Home 1983 (Regulation No.47). The former condition means the elderly are advised by the Social Welfare Officer to be sent to the care homes for the elderly provided by DSW after he/she was declared as a destitute person. An elderly person

is declared as destitute under Section 2, Destitute Person's Act 1977 (Act 183) [Reprint 2001] as;

- a.) any person found begging in a public place in such a way as to cause or to be likely to cause annoyance to persons frequenting the place or otherwise to create a nuisance; or
- b.) any idle person found in a public place, whether or not he is begging, who has no visible means of subsistence or place of residence or is unable to give a satisfactory account of himself

The later condition is the elderly volunteer to be admitted at the care homes. He/she is subjected to the Regulations of the Management of the Old Folks Home 1983 (Regulation No.47) which stated the elderly must declared that he/she does not have any income sources; is poor; does not have communicable disease, has no dependents; voluntary basis; and agree and understand the rules and regulations at the care homes. In majority, the elderly who admitted at the care homes provided by DSW were considered as a destitute person. Section 8, Destitute Person's Act 1977 stated that any person admitted to a welfare home, either on his own application or otherwise, maybe discharged by the superintendent if he is satisfied that the resident has found suitable employment to maintain himself or is passed to the care of any person willing and able to give the resident proper care and support. **Figure 9** below shows the conditions under which the elderly can be accepted as a service user at the care home for elderly provided by DSW. Both forms of admission can be placed in a short-term or long term period. The provision under DSW is provided for free of charge to the eligible older people in Malaysia.



**Figure 9:** Types of Care Homes provided by DSW

**Figure 9** shows the type of public care homes provided by DSW in Malaysia. According to DSW (2006) three types of residential care homes have been provided by DSW known as *Rumah Seri Kenangan*, *Desa Bina Diri* (Self Improvement Village), and Muslims Care Homes. The first *Rumah Seri Kenangan* was developed in the 1950s. All these residential care homes provide personal care to the elderly (not nursing care), delivered either for short or long term personal care. Seventh Malaysia Plan (1996-2000) stated that the elderly in Malaysia were provided with 13 *Rumah Seri Kenangan* with capacity of 2,500 by the government. Further, government have added one more home for the elderly in the Eighth Malaysia Plan (2001-2005) and it has becoming 14 during that period. **Table 4** below shows the total number of *Rumah Seri Kenangan* in Malaysia.

**Table 4:** Total Number of *Rumah Seri Kenangan* Provided by Department of Social Welfare 1952-2002

Location (State)	Capacity	Location (State)	Capacity
1. Bedong, Kedah	320	8. Taman Kemumin, Kelantan	250
2. Taiping, Perak	350	9. Kangar, Perlis	34
3. Tanjung Rambutan, Perak	300	10. Sri Pritchard, Kinarut	155
4. Cheras, Selangor	320	11. Sri Harapan, Sandakan, Sabah	71
5. Seremban, Negeri Sembilan	270	12. Sri Harapan, Tawau	50
6. Cheng, Melaka	320	13. Kuching, Sarawak	n.a
7. Johor Bahru, Johor	320	14. Sibul, Sarawak	n.a

Source: Adapted from Syed Mustafa *et al.*, (2005), Sulaiman *et. al.*, (2006a, 2006b)

Recent data from DSW (2006) shows the current admission at *Rumah Seri Kenangan* since year 2001 as in the **Table 5** below.

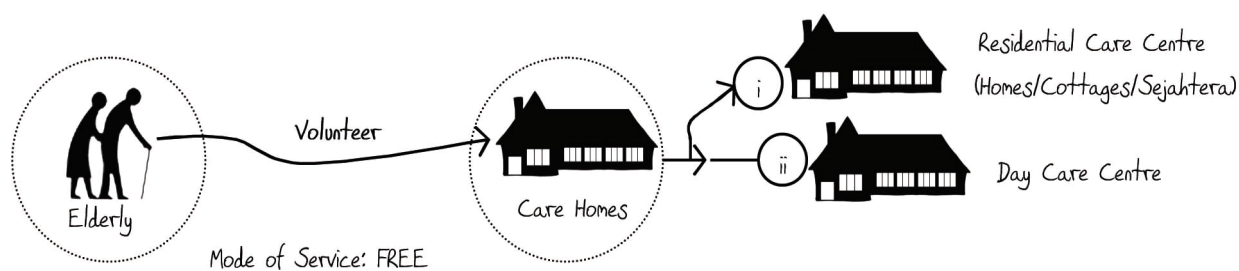
**Table 5:** The Number of Services User at *Rumah Seri Kenangan*

Gender	Race	2001	%	2002	%	2003	%
Male	Malay	336	30	339	32	396	34
	Chinese	325	29	336	31	370	31
	Indian	416	38	381	36	394	33
	Others	11	3	10	1	11	2
	<b>Total</b>		<b>1088</b>	<b>100</b>	<b>1066</b>	<b>100</b>	<b>1171</b>
Female	Malay	271	43	287	46	319	48
	Chinese	181	29	175	28	189	29
	Indian	169	26	152	25	147	22
	Others	5	2	6	1	3	1
	<b>Total</b>		<b>626</b>	<b>100</b>	<b>620</b>	<b>100</b>	<b>658</b>
<b>Grand Total</b>		<b>1714</b>		<b>1686</b>		<b>1829</b>	

Source: Department of Social Welfare (2006)

In the year 2003, the total service users in these care homes are about 1829 (DSW, 2006). Of this total, almost 70 percent *Rumah Seri Kenangan* was occupied by the service users from three main races consisting of Malay, Chinese and Indian. The percentage of male service users is relatively high compare to the female service users since the year 2001. It can be seen that almost half of the total service users consist of Malay female elderly. This is followed by Chinese, Indian and female from other races. The second type of residential care centre is known as *Desa Bina Diri* (Self Improvement Village). This centre is provided to the elderly who are considered as a destitute person but to a certain extent he/she still can do some work. Social welfare officers have powers to suggest which residential care centre is suitable for the elderly to be placed. The elderly who is believed can still do some work they will be sent to this Self Improvement Village. They will be provided with a rehabilitation programmes and activities. At this moment the government has set up one *Desa Bina Diri* in the state of Johor. The third, residential care centre is known as Muslim Care Homes. At the moment, the structure of provision of this residential care centre is almost the same as *Rumah Seri Kenangan*. However, this provision is only provided to the Muslim elderly. In the literature, the information about this care home is still very limited.

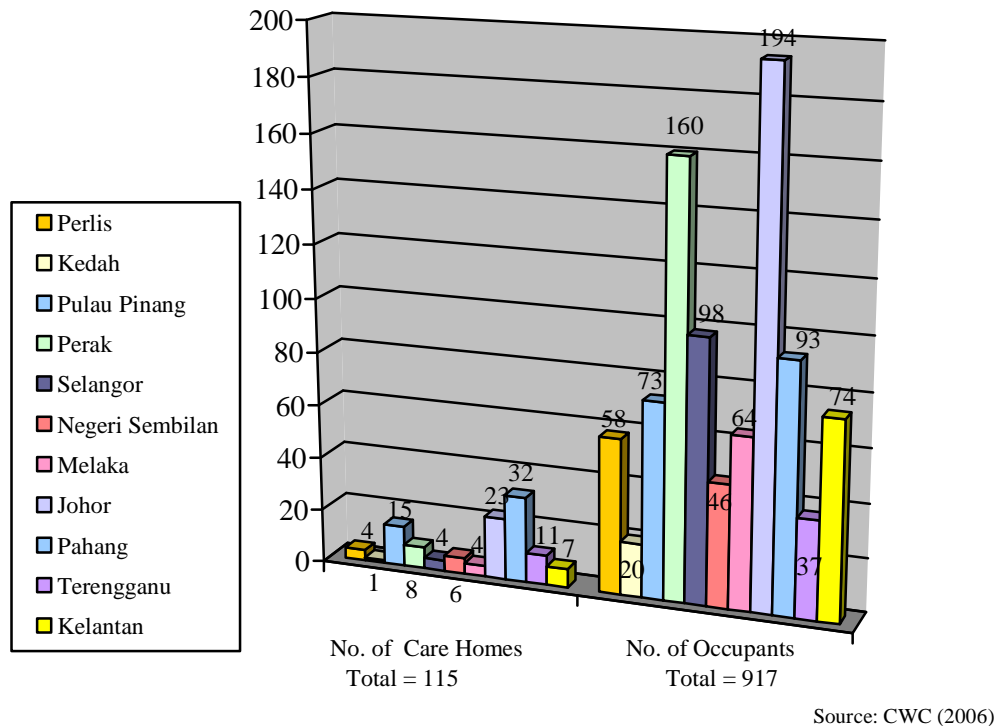
ii. Non Governmental Organisation (NGOs)



**Figure 10:** Types of Care Homes provided by NGO's

In Malaysia there are voluntary organisations dealing with the care for the elderly as well. Usually, they are recognised as Non-Governmental Organisation (NGOs). These organisations have several criteria such as their own formal and informal standards; working independently; respond to the needs of older people as well as to encouragement by the government; non-profit distribution; self-governing; voluntary basis; and exist for the benefit of wider public or specific groups. In the Eighth Malaysia Plan (2001-2005), NGOs complemented the government's effort in providing institutional care through the provision of residential homes and cottages for the elderly to enable them to continue living within their own communities (Economic Planning Unit, 2001). The Central Welfare Council Peninsular Malaysia (CWC)/*Majlis Pusat Kebajikan Semenanjung Malaysia (MPKSM)* is the oldest NGO which provides care homes for the elderly in Malaysia. This NGO was established in 1948 soon after World War II during the British Military Administration in Malaysia. Nowadays, according to CWC (2006), nearly all voluntary old people's homes in Malaysia are developed under the CWC which first established homes in the 1950s.

At present, there are two types of residential care centre has been provided by CWC. The first is residential care centre as subjected to Section 3, Care Standard Act 1993. However, in terms of occupancy, these are in a smaller occupancy than *Rumah Seri Kenangan*. Normally, CWC provide this residential care centre in a small homes/cottage/Sejahtera Homes. The residents in the CWC Homes/Cottages must be 60 years and above and able to look after themselves. Some were former immigrant labourers with particularly no local family ties (CWC, 2006). The service is provided for free to the elderly with some grant-in-aid, block grants or funds applied from the Government, individuals, and any other public or privates bodies. In addition to this, CWC also seek affiliation and representation on the DSW and/or any other National/International Welfare Organisations for active participation. Usually, there are not more than 60 people in each home/cottage. Instead of this, NACSCOM also set up their first residential care home in year 2004. According to the Economic Planning Unit (1996), in total for West Malaysia (Peninsular Malaysia) and East Malaysia (Sabah and Sarawak), the NGOs, with partial assistance from Government, established 132 homes to provide care for about 1,000 elderly people (Economic Planning Unit, 1996). **Figure 11** below shows the number of care homes provided by the NGO's in each state in the Peninsular Malaysia and their number of occupants.



**Figure 11:** Number of Care Homes and Occupants at the Residential Care Homes provided by NGO's in Malaysia

The second provision is known as Day Care Centre. This centre is subjected to Section 2, Care Centre Act 1993, which means “any premises at which four or more persons are received for care for a continuous period exceeding three hours between the hours of sunrise and sunset in a day, and for at least three days in a week, whether for reward or otherwise; but in the case of premises operated or managed by a natural person, a person who is a relative of that person shall not be reckoned in determining the number of persons received at the premises for the purposes of this definition”. Kin Tuck (2004) described a day care centre as:

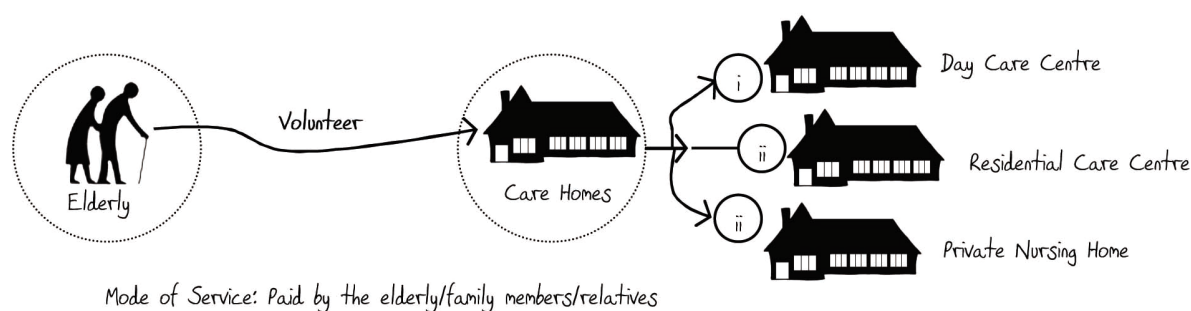
- A place where elderly people get together to meet their mutual needs;
- It could be a special building or it could be a room in a building attached to a hospital, or building used by the *Rukun Tetangga* (Neighbourhood Patrol), a community hall in the town or village;
- The elderly people just go to meet other elderly friends to talk, discuss matters of mutual interest;
- Provides a broad spectrum of services and activities for older person. These may include recreational, educational and cultural activities and social and health services

Initially, the government has approved the establishment of 9 day care centres during the Seventh Malaysia Plan (1996-2000) to become 19 day care centres in the Eighth Malaysia Plan (2001-2005) for older people during the day in the absence of family members. So, during that moment, there are 19 Day Care Centres developed in collaboration between the MWFC and non-governmental organisation (NGOs). However, NACSCOM identified that Malaysia needs to build up more day care centres throughout the country. Kin Tuck (2004) stated the government should particularly allocate financial provision for a five year plan for the needs of the



elderly in the rural and urban areas. In response to this, in the Budget Speech 2006, government allocated MYR 130 million (15 million GBP) to the NGOs to help the development of institutions for the vulnerable groups (Economic Planning Unit, 2005). In the 1/12/2005 Parliament Draft Report (2005) another 10 day centres have been approved to be developed during the Ninth Malaysia Plan (2006-2010). The centres will be managed by the identified NGOs.

ii. *Private Provider*



**Figure 12:** Types of Care Homes provided by Private Provider

However, besides DSW and NGO's, private providers also provided care homes for the elderly in Malaysia. These providers delivered three types of care homes as in the **Figure 12** above. Since it was provided by a private provider the services is not free and should be paid by the elderly, family members or elderly relatives. Normally, the cost of services is high. The day care centre and residential care homes provided were also subjected to the Section 2 and Section 3, Care Centre Act 1993. There are some private providers in Malaysia who also delivered nursing care service. The nursing care homes are subject to the Act known as Private Healthcare Facilities and Services Act 1998 under the Ministry of Health (MOH). Even though private providers delivered nursing care services normally, they prefer to register with the DSW because the requirements are easier to meet and not so strict, rather than register with Department of Health. Government also gave some help to the private sector providers with some collaboration in providing residential care homes as mentioned in the Eighth Malaysia Plan (2000-2005) that two Rumah Tunas Budi (Tunas Budi Home) were built in collaboration with the private sector which provided care for 40 elderly (Economic Planning Unit, 2001). The private provider is professionally operated and normally collaborates with a private clinic or hospital. In fact, some of them also provide home-based care. This service may range from a simple follow-up visit to a comprehensive care plan which may include nutrition, physiotherapy, carer training and other disciplines to achieve full recovery.

## 6.0 SUMMARY

Malaysia is has an ambiguous relationship between housing and social policy towards the elderly society. This paper found that there are many factors which may affect future living arrangement of the elderly people in Malaysia such as declining extended family; traditional value & familism criteria are reducing; filial piety are being supplanted by Western values; family size is decreasing; more elderly living longer; declining birth rate; increasing dual

income households; growing number of unmarried population; migrations of working adults; greater number of divorces; housing needs for the elderly is increasing; growing level of female labour participation; people have less time for carrying out care duties for taking care of the parents; increasing demand for care home for the elderly; and moving into care homes becoming normal in a few years ahead. Hence, with the population across Asian and Malaysia ageing rapidly, government needs to start taking more notice of the issue. Malaysia is facing many weaknesses in terms of managing and administrating the requirements of elderly especially their living arrangements from both housing and social policy. In the context of housing policy government should try to improve the quality of housing needs; clearly identify the definition and classification of people with vulnerabilities; have a careful housing policy either for the short or long term period; encourage and create more awareness among developers to built more housing for the needy people; producing more benefits, subsidies; and incentives to the elderly; enforcing and amending the legislation regarding the elderly and people with vulnerabilities; improving the roles of local authorities; establishing the method on assessing housing needs and community care services with regards to the elderly; creating more voluntary activities and programmes; and encouraging more housing research especially into the needs and requirements of the elderly. In the perspective of social policy, Malaysia has just recently reacted to the changing needs in society regarding the issues of the elderly. Many policies have been set up a few years ago and still need to be reviewed from time to time. The care homes for the elderly are still not managed very well in terms of their structure of provision; equipments and practices. The current Acts are not really protecting the services user to be place in safety. The care homes are preferably allocated to the poor or destitute person. It can be said that the care homes for the elderly in Malaysia are still not prepared to be an alternative place for the elderly and fail to substitute the traditional way of elderly living arrangement with adult children.

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