

# Forms of Provision of Housing for the Elderly

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## Abstract

In view of the growing demographic transition in Brazil, marked by the increase in elderly people and the scarcity of adequate housing options in the real estate market, the article addresses and classifies the modalities of housing provision for the elderly. Using marketing concepts, it discusses the needs and desires in relation to housing projects, covers international and Brazilian approaches, and highlights the lack of research in the Brazilian context. Adopting the concepts of the “4P’s” (product, price, promotion and place), adapted to the universe of housing for the elderly, the project’s characteristics, economic accessibility, communication and user involvement, and potential locations for implementation are addressed. The analysis extends to the provision of housing, considering the well-being of the elderly achieved when basic needs are met, providing a full life experience. The real estate market can offer different forms of housing for the elderly, highlighting the importance of stakeholder engagement to meet the demands and desires of this group.

## Keywords

Elderly, Housing, Real Estate, Well-Being

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## 1. Introduction

This article discusses housing provision for the elderly through the real estate market, using a bibliographic research approach to elucidate fundamental concepts. Considering that the elderly population, defined as individuals aged 60 or older by the World Health Organization (WHO), is expected to constitute an increasing portion of Brazilian society, while the working-age population declines due to a lack of population replacement, a transition in elderly care dynamics is underway. This shift underscores the urgent need to ensure the quality of life for

elderly people, highlighting their relevance in society and providing suitable conditions for dignified aging.

Currently, housing options for the elderly in Brazil, categorized as Long-Term Care Institutions for the Elderly, face social stigma. Common configurations, such as nursing homes, retirement homes, and high standard residential facilities, often limit the autonomy and independence of elderly individuals, compromising fundamental aspects of their lives. Incorporating elderly-oriented housing options into the real estate market can lead to improvements in the quality of life for this target audience. However, this approach requires a thorough and nuanced understanding of the varying needs and desires of elderly people.

## 2. Methodology

Research methods were employed in this study to understand the various forms of housing provision for the elderly. Generally, research methods were used to define the study scope, enabling the compilation of both international and national references.

Following an exploration of the references, an effort was made to synthesize the different forms of housing provision for the elderly. The synthesis is presented graphically in order to aid comprehension of the concepts identified in the literature and facilitate their application to case studies.

Initially, a search was conducted on various approaches related to the primary discussion of this research, utilizing the Scopus platform.

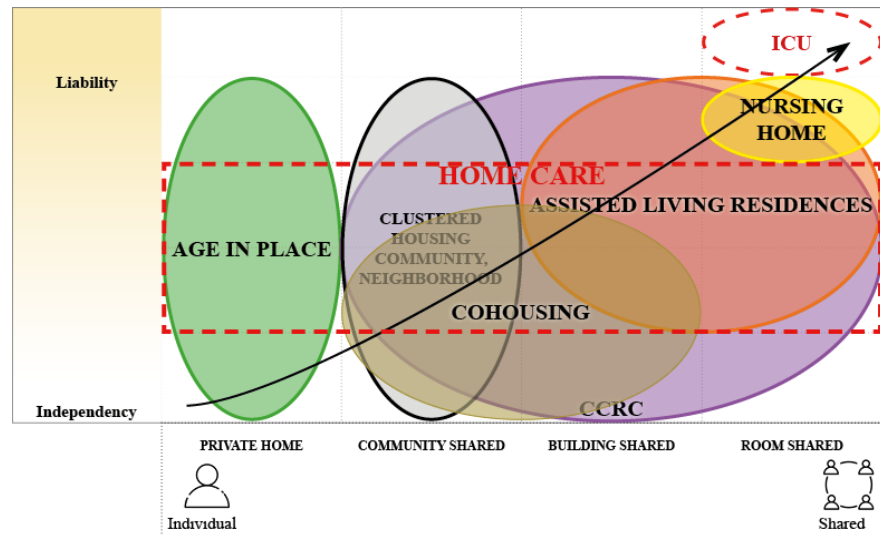
After defining the research scope, the compilation of references allowed identification of types of housing options for elderly people globally, as well as insights into the advanced demographic transition and the real estate market in other countries.

A first effort was made to classify housing types in a tabular format, but services can be integrated into different types of developments, such that housing types are more complex than a simple list, allowing for multiple combinations.

To understand the complexity of housing models, biplots of the degree of dependency and level of space sharing were drafted, to show the relationships between these two key factors.

In **Figure 1**, types of elderly housing are positioned along two axes, according to the degree of dependency of the elderly individual and the level of spatial sharing within the residence. The degree of dependency refers to the level of motor or cognitive assistance required or provided. The purpose of each housing provision model is explicitly presented, with some models overlapping. Possible housing trajectories throughout an elderly person's life can be identified, as individuals transition to different housing formats as their needs evolve.

Broadly, people tend to become less independent as they age, and the arrow in the figure graphically represents a potential trajectory that corresponds to a decrease in autonomy and an increase in shared living arrangements. Regardless of housing affordability, this trajectory tends to follow a similar pattern when these two factors are considered together.



**Figure 1.** Types of elderly housing based on the degree of dependency and space sharing, and elderly housing trajectories.

### 3. Marketing Approach to Housing Provision for the Elderly

To analyze the forms of housing provision for the elderly, this research incorporates marketing concepts to structure the bibliographic discussion on the subject. According to Kotler (2000), tangible goods or products represent the core of production and marketing efforts in most economies.

Housing is a fundamental good of high social importance. It should be planned to adequately meet the needs and desires of its end users, in this case, the elderly population.

From a marketing strategy perspective, particularly in identifying target segments and their needs, planning defines the tactical instruments necessary to achieve strategic objectives. One foundational approach structures these instruments into four dimensions, known as the “4Ps” of marketing, originally developed by Jerome McCarthy and later popularized by Philip Kotler:

**Product Housing Characteristics:** This dimension addresses the characteristics of elderly housing developments, including typologies and essential services that define them as senior residences.

**Price Affordability:** This refers to the economic accessibility of elderly housing, analyzing the financial feasibility of accessing these residences.

**Promotion Cognitive Involvement and Communication:** This dimension considers how housing options are communicated to elderly consumers and their families. Given that cognitive abilities may decline with age, decision-making responsibility often shifts to third parties, adding complexity to the marketing strategy.

**Place Location:** This examines the geographic, market, and personal factors influencing the optimal location for elderly housing developments.

Finally, to integrate these aspects, this study assesses housing provision models in relation to elderly well-being. Well-being is achieved when fundamental housing needs are met, enabling residents to experience a fulfilling and dignified life.

This constitutes a holistic evaluation, encompassing the perception of both consumers and users.

### **3.1. Product**

When formatting a real estate product for the elderly, two parameters must be considered: 1) the housing product and 2) the services offered in that location, resulting in a senior housing.

From the literature review, some types of housing for the elderly were identified that exist in various parts of the world. Sometimes the same type of provision appears under different names, which can lead to confusion among the elderly, especially when they are searching for a new home.

#### **3.1.1. Aging in Place**

Aging in Place refers to elderly individuals staying in their homes as they age. Bestetti (2006) emphasizes considering the resident's perception, suggesting alternatives like home care when needed. Prado, Besse, and Lemos (2010) note that seniors often prefer home due to emotional attachment, while Golant (2015) mentions it as a popular choice, especially for homeowners, offering financial benefits. Aging in Place relies on the neighborhood's social and material support, including Naturally Occurring Retirement Communities (NORCs). Golant also identifies challenges like financial inaccessibility, inappropriate environments, and unmet care needs.

#### **3.1.2. Active Adult Communities**

Active adult communities cater to independent older adults who do not have urgent care needs. These communities, often with minimal services, focus on comfort and security (Golant, 2015). Typically for higher-income seniors, they may include amenities like pools and sports facilities. Britto (2005) also suggests that Adult Day Care enterprises can enhance active adult living by offering daytime entertainment. This model blends Aging in Place and active living, promoting an engaged lifestyle.

#### **3.1.3. Independent Housing with Amenities - Individual or Shared**

Independent housing may or may not include care services, offering autonomy until assistance is needed (Bestetti, 2006). This housing type often features common spaces for social interaction. Lynn and Wang (2017) highlight services like food delivery and cleaning for less active seniors. Some independent housing integrates smart home technology for monitoring residents remotely, facilitating Aging in Place. Accessibility standards are crucial for adapting homes to aging residents' needs.

#### **3.1.4. Cohousing**

Cohousing is a housing model for individuals or families with shared interests, including intergenerational and senior-only options. Golant (2015) emphasizes its role in fostering community and familiarity. Cohousing is often designed through

a participatory process, with architects and residents collaborating. Studies like Doetter and Schmid (2018) explore shared arrangements for dementia patients, while Van Hoof and Boerenfijn (2018) demonstrate intergenerational transformations of care spaces into vibrant, participatory communities.

### **3.1.5. Assisted Housing - Individual or Shared**

Assisted housing combines personal care and health services, allowing Aging in Place. It suits frail seniors who need help with daily tasks but not medical assistance (ASHA, 2005). Golant (2015) contrasts assisted housing with other care formats, noting it offers a family-like environment with flexible care services. This model supports independence while ensuring care when needed.

Unlike active adult communities, which focus on independent living with lifestyle amenities, assisted housing is intended for seniors who require some level of daily assistance but do not yet need full-time medical care.

### **3.1.6. Continuing Care Retirement Communities (CCRC)**

CCRCs offer various levels of care, from independent housing to nursing homes, ensuring residents' evolving needs are met. Bestetti (2006) and Golant (2015) highlight CCRCs as inclusive campuses providing continuous care within the same community. This model is costlier due to comprehensive services but prioritizes autonomy, gradually transitioning to more specialized care as necessary.

### **3.1.7. Memory Care**

Memory care facilities support seniors with dementia or Alzheimer's, offering 24-hour care for daily and instrumental activities (Bestetti, 2006). These facilities cater specifically to memory loss conditions, providing a secure environment with trained staff to manage unique challenges.

In Brazil, memory care facilities are generally referred to as assisted housing, where residents can stay temporarily to recover or for extended periods. According to Bestetti (2006), there are facilities specifically designed for certain conditions, such as those catering to elderly individuals with Alzheimer's disease.

### **3.1.8. Intensive Care or Nursing Home**

Intensive care or nursing homes provide the highest level of medical care. They include skilled nursing facilities (SNFs) for rehabilitation and traditional nursing homes for long-term care (Lynn & Wang, 2017). These facilities, more aligned with healthcare markets than real estate, represent investment opportunities for healthcare companies due to their medical focus.

## **3.2. Services**

Long-term care is essentially a range of services provided to individuals who need assistance, either for a long or short period.

Golant (2015) explains that long-term care includes assistance with daily and instrumental activities, such as bathing, dressing, cooking, and shopping, as well as medical support like rehabilitation. Unlike medical clinics that focus on

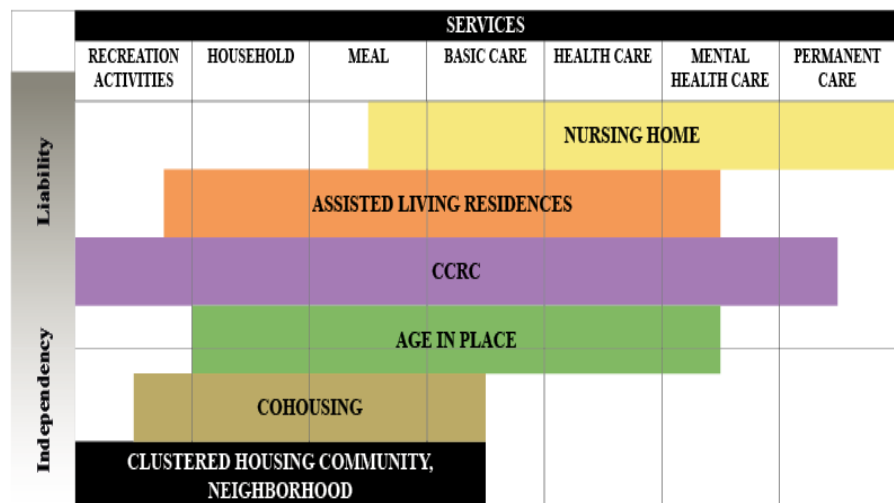
diagnosing and treating acute conditions, long-term care provides continuous support to help seniors maintain their independence and prevent health complications.

Doetter and Schmid (2018) highlight that long-term care can be integrated into shared housing for seniors, with the state responsible for service provision. The main objectives of long-term care include ensuring financial security for the elderly, reducing physical and mental strain by providing care when needed, and enabling seniors to stay in their homes longer—delaying hospitalization through preventive care. Supporting informal caregivers and improving service infrastructure are also key aspects.

Van Hoof and Boerenfijn (2018) suggest that long-term care can serve as an alternative to relocating seniors to specialized facilities. By addressing increasing care needs within their living environment, long-term care helps elderly individuals avoid unnecessary moves to intensive care or memory care units.

Long-term care can take various forms: Home-Based Care, which provides health and personal support for independent living, often by family members; Home Health Care, focusing on medical treatment and rehabilitation at home by professionals; Household Services, including meal preparation and housekeeping; Companion Services, offering social visits, often by volunteers; and Transportation Services, assisting with travel for medical and leisure activities.

The scope of these services is directly related to the level of dependence of the target audience, as illustrated in **Figure 2**, which depicts the natural progression of retirees: initially, independence is more significant, and amenities are centered around recreational activities.



**Figure 2.** Services vs. level of dependence diagram.

According to Nunes (2021), newly retired individuals, characterized by their available free time and minimal health limitations, tend to prefer housing options that offer recreational activities rather than incurring expenses for healthcare services. Spontaneous communities, condominiums, villages, and cohousing can be

suitable options for this group.

At the other end of the spectrum, there is total or near-total dependence, encompassing physical or cognitive limitations that require continuous supervision and care. “Aging in place” can meet these needs to some extent, but certain accommodations and specific support services are only found in intensive care facilities. A comprehensive option is represented by Continuing Care Retirement Communities (CCRCs), which aim to address all retirees’ needs throughout their aging journey.

### **3.3. Place**

According to Britto (2005), location is a crucial factor in the real estate market. To successfully implement a development, a feasibility study must be conducted, with site selection being a key element of market analysis. The location of a senior housing project can be evaluated from different perspectives. The assessment should consider how pleasant the area will be for future residents, as well as its accessibility to transportation and essential services.

The surrounding area should align with both the target audience and the neighborhood. As Britto (2005) explains, if a development is high-end, it should be located in an area that supports such a lifestyle. Another important factor is transportation—it must serve the residents while also being easily accessible to the operational team and, most importantly, to family members, facilitating frequent visits.

Regarding surrounding services, the level of independence of the residents should be considered. For example, independent living facilities are best located near commercial centers, hospitals, and parks, allowing independent residents to maintain a familiar routine.

Bestetti (2006) suggests that the ideal location for a senior housing project is close to transportation infrastructure and commercial areas, facilitating mobility for both residents and service providers.

Lynn and Wang (2017) observe an interesting trend regarding the location of senior housing in the United States. Initially, these facilities were concentrated in warmer states, known as the “Sun Belt,” covering the southern and southeastern parts of the country. These regions already had a high concentration of elderly residents, making them a natural starting point for the market. However, as Lynn and Wang (2017) noted, seniors are increasingly choosing to remain in their home states or relocate to areas with a lower cost of living, typically near public transportation and healthcare services.

According to Golant (2015), relocation preferences vary widely among older adults, but two distinct groups can be identified: the young-old (ages 60 - 75) and the old-old (75+). The decision-making process differs between these groups, as younger seniors are more willing to move long distances, while older individuals generally prefer to stay close to family.

From Bestetti’s (2006) perspective, American seniors tend to remain in urban

centers, especially when community networks exist in those areas.

Freitas, Mauro Filho and Alencar (2019) found that older adults in Brazil do not want to live far from their families. Their attachment is more strongly tied to their relationships with people rather than to a specific location.

### **3.4. Communication and Cognitive Dimension**

One of the key agents in the real estate market is the buyer, who acquires properties either for personal use or investment purposes. In the senior housing market, this agent may be the elderly person who will reside in the development or their family members and caregivers. When older adults experience degenerative mental illnesses, they may lose the ability to decide on the best place to live, shifting the decision-making responsibility to their relatives or even investors operating the facility.

Camarano and Kanso (2010) highlight that in Brazil, families are legally responsible for caring for older relatives. However, given the evolving structure of family arrangements, this assumption is increasingly questioned. With changing social dynamics, it is worth considering whether the government and private sector should play a larger role in ensuring the well-being of the elderly. Despite the presence of some senior housing options in Brazil, relying on such solutions remains uncommon.

Avelar (2010) addresses changes in Brazilian family structures, particularly the shift of women into the workforce, as they traditionally served as primary caregivers. Another significant shift is the decline in fertility rates, resulting in smaller families. Previously, a larger number of relatives could share caregiving responsibilities, but with fewer family members and economic pressures increasing working hours, both time and financial resources for elderly care have become scarce.

As a result, the institutionalization of senior housing emerged due to the lack of available alternatives in the market. In Brazil, long-term care institutions are often associated with asylum-like environments, where residents have little autonomy over their daily activities and must adhere to institutional routines. For elderly individuals who are still capable of independent living, such restrictions are a major reduction in quality of life.

Another aspect of the cognitive dimension involves the level of engagement older adults have with their housing environment, not only in daily activities but also in the design and management of their living spaces. Some housing models, such as cohousing and cooperatives, require active participation from residents in decision-making processes. When elderly individuals are no longer capable of making such decisions, responsibility is transferred to entrepreneurs and operators.

Golant (2015) highlights that older adults who choose to stay in their homes initially seek assistance from family. However, when family support is unavailable, many opt to move to senior communities where they can receive care.

Seniors who relocate generally fall into two categories: those seeking comfort and those seeking control.



1) Comfort. These seniors may seek:

- to simplify their living space, often opting for smaller homes with fewer belongings.
- to escape stressful situations, such as extreme weather conditions or problematic neighborhoods.
- more enjoyable experiences, such as living near leisure areas or engaging in hobbies.
- civic engagement and wish to continue contributing to society.
- companionship and expanding their social network, often choosing cohousing arrangements.
- new experiences, with some opting for mobile homes.

2) Control. These seniors may seek:

- to reduce expenses by moving to more affordable housing.
- to prevent accidents or physical decline, opting for assisted living environments for added safety.
- intensive care, such as when families can no longer provide adequate support, leading them to move into specialized clinics or nursing homes.

For family members who take on caregiving roles, Golant (2015) acknowledges that this responsibility extends beyond emotional connection and requires significant effort. While some families successfully provide care, others face challenges, including neglect, caregiver burnout, or rejection from the elderly individual.

### 3.5. Affordability

The forms of membership or admission to a senior housing development depend on the financial structure applied by each investor. In Britto's thesis (2005), he cites that, for Brecht (2002 apud Britto, 2005) and Gordon (2002 apud Britto, 2005), there is a clear division between the developer, operator, and resident.

According to Gordon (2002 apud Britto, 2005), a developer who intends to retain ownership of the project has the option of also acting as an operator, hiring an operator, or leasing the property. In cases where the developer chooses to sell the property to residents, as a real estate project, there are three possible structures: condominium, cooperative, and association.

**Condominiums:** The most popular format among residents, according to Rohan (1987 apud Britto, 2005), is characterized by each resident purchasing their unit and paying a share of the common areas. The maintenance of these areas is the responsibility of the homeowners' association.

For the developer, the advantage of this format is the substantial revenue generated from unit sales and its familiarity among the elderly. However, in this format, the resident has autonomy over their unit and even over administrative decisions, which could compromise the original concept of the project, potentially altering the identity of the development as senior housing.

**Cooperatives:** According to Kaslow (1980 apud Britto, 2005), condominiums and cooperatives are similar in many aspects, where the resident has the right to

occupy a unit, and the costs of the common areas are shared. However, instead of reselling the unit, in a cooperative, the resident can transfer their property rights.

The difference is that in a cooperative, the organization owns the property, and the resident holds possession. In other words, the resident has rights over the cooperative rather than the property itself. Cooperatives tend to have a more systemic management approach, rather than an individualized one, which has great potential in preserving the concept of Senior Housing.

**Associations:** This format consists of purchasing a membership title. Thus, the member does not have property rights—the property remains owned by the developer—but they acquire a license or usage right to access the facilities, housing, and services.

In this case, the resident can also profit from the sale of additional memberships and be reimbursed in case of withdrawal. However, this format is not very common in Brazil.

**Rental:** An alternative to property sales, rental is a well-known option in Brazil. According to Gordon (2002 apud Britto, 2005), rental-based projects are easy to understand and operate, and do not require seniors to have a significant amount of capital for entry. However, for the developer, the downside is the lack of long-term commitment from residents, leading to fluctuating occupancy rates, which can be problematic for ensuring service provision within the development.

When the property does not belong to the resident, as in the cases of associations and cooperatives, it can be understood as a usage right, and payments under these formats may or may not be refundable. Generally, a substantial upfront payment is required to acquire the usage right, followed by monthly payments for service provisions. According to Britto (2005), this initial payment can be used by the developer as an initial investment for implementation, as remuneration, or as a resident guarantee fund for medical services, should they be needed, at no additional cost.

This last option is particularly important, as one of the main concerns of many elderly people is ensuring healthcare. Knowing that this care will be provided increases the likelihood of choosing this type of housing.

**Table 1** provides an overview of different financial formats that can be applied to Senior Housing projects.

Based on Gordon's (2002 apud Britto, 2005) table, this adaptation considers different payment structures, including an initial payment in the case of financing without reimbursement, payment with reimbursement, societies and associations, condominiums and cooperatives, and rental models. Additionally, several key factors influence housing decisions: housing security, a subjective concern regarding long-term residence expectations; service security, reflecting the reliability of medical services; payment return, determining whether the initial investment is refunded upon withdrawal or after the resident's death; initial cost, representing the required investment for relocation; long-term financing, referring to funding sources for construction; consumer education needs, addressing the lack of awareness about the product and services offered; and

**Table 1.** Comparison of various financial models, interpreted by the author.

	Upfront Payment Without Refund	Upfront Payment With Refund	Sociedade/Associação	Society/Association	Rent
Resident Interests					
Security Regarding Residence	HIGH	HIGH	HIGH	HIGH	LOW
Security Regarding Services	HIGH	HIGH	DEPENDS	DEPENDS	LOW
Payment Return	NO	YES	DEPENDS	DEPENDS	NO
Initial Cost	MODERATE	HIGH	HIGH	HIGH	LOW
Entrepreneur Interests					
Long-Term Financing	RESIDENTS	RESIDENTS	RESIDENTS	RESIDENTS	OTHERS
Need for Consumer Education	HIGH	HIGH	MODERATE	LOW	LOW
Managerial Control	HIGH	HIGH	MODERATE	LOW	LOW

managerial control, highlighting the necessity and capacity of the developer or operator to ensure the project's proper functioning.

Golant (2015) highlights that financial affordability influences the sense of control among the elderly, particularly homeowners, who view their property as a financial safety net. However, property devaluation or bank repossession can leave them both financially and emotionally vulnerable.

Camarano and Kanso (2010) explain that Long-Term Care Institutions for the Elderly (ILPIs, in the original Portuguese acronym) in Brazil originated from religious asylums aimed at low-income populations. Historically, these institutions are maintained primarily by philanthropic organizations without public funding. This context reinforces the stigma that ILPIs are places for abandoned elderly individuals rather than institutions focused on providing quality living conditions.

Avelar (2010) observes that access to housing for the elderly is further hindered by Brazil's housing deficit. Additionally, the decreasing size of residential properties makes cohabitation with family members less feasible, limiting more affordable housing alternatives.

Golant (2015) states that housing expenses are one of the biggest financial burdens for seniors, and these costs can render their finances vulnerable, putting their housing security at risk. For seniors facing such challenges, Golant (2015) suggests several alternatives:

- Opting for a reverse mortgage to supplement their monthly income and secure better care.
- Selling their homes and purchasing one with lower maintenance costs.
- Moving in with a family member.
- Finding a friend or acquaintance to share housing expenses.
- Renting a room in a senior community (cohousing).
- Seeking affordable rental accommodations in the private market.
- Applying for public housing assistance programs to receive support.

The affordability of membership, maintenance, and operational costs is a key factor in elderly housing decisions, as these expenses must fit individual financial situations. Since healthcare is a top priority for seniors, housing projects that provide this security have strong market potential. However, high costs may drive demand for more budget-friendly alternatives.

Van Hoof and Boerenfijn (2018) emphasize the importance of flexible service contracts and intergenerational communities in senior housing. Their case study on the redevelopment of De Benring in the Netherlands illustrates this approach. Initially set for demolition, the senior housing complex was redesigned in collaboration with the local community. The project expanded residential units and created sections for both independent seniors and those requiring intensive care.

Additionally, young adults with financial limitations were allowed to live in the independent section in exchange for assisting elderly residents with daily tasks. The flexibility of contracts also enabled seniors to relocate within the facility as their care needs increased, reducing costs for both elderly and younger residents.

#### **4. Conclusion**

To provide housing for the elderly, beyond analyzing market aspects for implementation—ensuring success for all stakeholders—the well-being of the elderly must be the primary focus when designing a development for this niche.

Van Hoof and Boerenfijn (2018), writers and members of Habion—a corporation specializing in affordable housing for the elderly in the Netherlands—highlight the importance of a multidisciplinary approach to elderly housing, emphasizing the need to analyze urban planning, building design, and the real estate market.

One of Habion's strategies for providing housing for the elderly was the reuse of buildings that had become obsolete. Through the real estate market, they identified and acquired these buildings for retrofitting to meet the needs of the elderly. To ensure that the retrofit projects of these new housing developments addressed the real needs of the aging population, they employed a method that can be considered a participatory process.

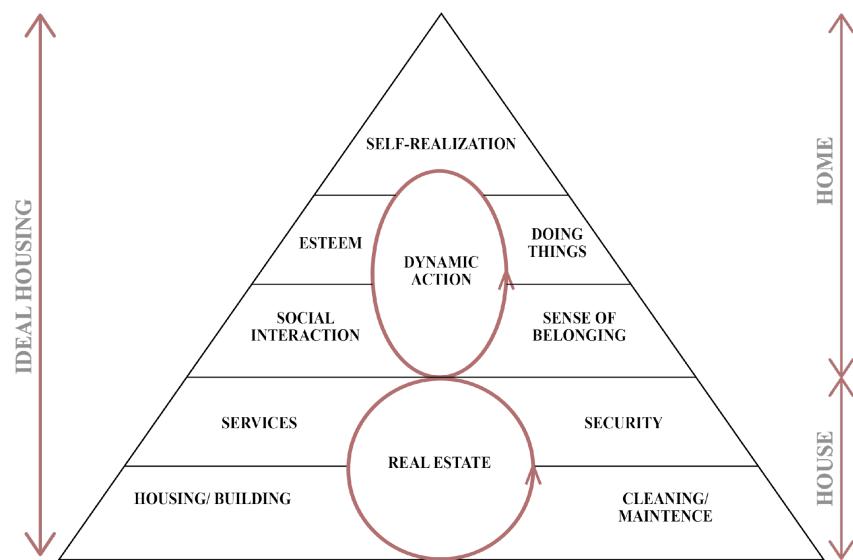
By applying Maslow's hierarchy of needs—a model that organizes human needs hierarchically to achieve satisfaction—to housing projects, they ensured the quality of life for the elderly, providing not just a house but a true home. Habion believes that what transforms a house into a home is the sense of belonging, and participatory creation and development processes bring together potential residents and the surrounding community.

Maslow's hierarchy was developed by psychologist Abraham Maslow in the 1940s and is known as the Theory of Needs. According to Bergamini (apud Ferreira, Desmutti, and Gimenez, 2010), Maslow's model identifies these needs as sources of energy and internal motivation. For Maslow (1962 apud Ferreira, Desmutti, and Gimenez, 2010), a need is the deprivation of certain satisfactions.

The pyramid is divided into five levels, summarized by Robbins (2002 apud Ferreira, Desmutti, and Gimenez, 2010) as follows:

- Physiological: Includes hunger, thirst, shelter, sex, and other bodily needs.
- Safety: Includes security and protection from physical and emotional harm.
- Social: Includes affection, acceptance, friendship, and a sense of belonging.
- Esteem: Includes internal esteem factors such as self-respect, achievement, and autonomy, and external esteem factors such as status, recognition, and attention.
- Self-actualization: The intention to become everything one is capable of being, including growth, self-development, and reaching one's full potential.

Van Hoof et al. (2018) adapted this pyramid in **Figure 3** to meet the demand for designing satisfactory housing for the elderly.



**Figure 3.** Adaptation of Maslow's pyramid for housing.

Van Hoof et al. (2018) adapted this pyramid to meet the demand for designing satisfactory housing for the elderly.

At the base, we find the fundamentals of housing: the building and its subsequent maintenance. The next level includes security and the provision of services. These four points are the responsibility of the real estate market, forming the basic configuration of housing.

The following levels comprise social interaction and a sense of belonging, followed by esteem for the place and daily activities, culminating in the self-actualization of the individual regarding their home. In other words, a valid approach to ensuring a good quality of life for the elderly is through Maslow's Pyramid.

Golant (2015), when defining Residential Normalcy—essentially the ideal residence for the elderly—also seeks to present the necessary requirements to promote housing and well-being for older adults.

One point raised by Golant (2015) is that the perception of elderly individuals

often differs from that of specialists. Elderly people may lack full knowledge of what can be offered, lack motivation or capacity to take advantage of the proposed opportunities, are inflexible in their own conception of ideal housing—often having high expectations that lead to great disappointments—and are heavily influenced by the opinions of their social circles, friends, and family. If this social environment holds negative views on elderly housing, the elderly will likely share those views. Furthermore, their housing references are often tied to older constructions.

To better understand this group, Golant (2015) creates two residential categories:

Residential Comfort Emotional Experiences - Emotional Comfort Zone: This category captures experiences of comfort, pleasure, pleasant and memorable places.

Residential Mastery Emotional Experiences - Emotional Mastery Zone: This category captures experiences where the elderly feel in control, experiencing a sense of competence. This can include physical and cognitive competence, social interaction competence, decision-making competence, privacy control, trust in others, financial management, and pride in one's home.

To achieve Residential Normalcy, both categories must be addressed. Therefore, it is essential to recognize that both technical expertise and the perspective of elderly residents are crucial, and that the surrounding environment plays a significant role. Housing is a fundamental element, and to ensure an adequate quality of life, it is important to consider that each individual has different needs and desires—therefore, there cannot be a single housing solution for the elderly.

Initially, the elderly may struggle with environments that feel incongruent with their expectations, but understanding this as part of a process can lead to positive outcomes. Achieving the ideal residence is challenging, as even seemingly complete housing options may disappoint if they do not align with the needs and personal preferences of their residents.

## Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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