

Care of the Elderly with Dementia and the Need for Group Homes from Middle and Upper Class Families in Korea*

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Abstract : Concerns about paid-facilities for the elderly with dementia from middle and upper class families have been discussed lately in Korea. Small-scale, home-like group homes for the elderly with dementia were developed in Sweden in the 1980, but they have not been effectively introduced in Korea where they remain a comparatively new concept. The group home, however, would provide a good alternative to Koreans who feel guilty when they have to leave their frail parents in large-scale facilities or hospitals instead of caring for them at home. The aim of this paper is, first, to define the care of the demented elderly who come from upper and middle class families in Korea and, secondly, to discuss the need for group homes to help care for them. A survey was done by questionnaire and was answered by 577 respondents who belonged to middle and upper class families living in Korea in December 2000. Methods of analysis were frequency, mean, and Chi-square.

The results of this study were as follows: 1) the traditional notion that the eldest son should be burdened with the primary responsibility for a demented parent has weakened remarkably; 2) a small-scale long-term care facility was considered the most desirable living environment for the demented elderly; 3) the facilities families needed for professional hospitals for victims of dementia, senior citizen centers, large and small-scale long-term care facilities, day-care centers, and short-stay and service housing. The study also revealed that there was low awareness of the group home. The most preferred type of structure for group homes was a single-family detached house, and the most preferred management system was small-scale that could create home-like atmosphere. Additionally the respondents wanted group homes to consist of 6-8 residents with 2-4 persons per room. The results of this study strongly suggest that policy makers should encourage the development of small-scale group homes as an alternative form of housing for the elderly with dementia.

Key Words : elderly with dementia , group home, welfare, home-like.

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I. INTRODUCTION

1. Problem Statement

Korea is known as a relatively “young country” compared with other countries, but the percentage of elderly people aged 65 and over has been increasing. In 2000, this segment of population made up 7% of the whole population of Korea. Despite this increase, a policy addressing the special needs of the elderly population of Korea has not been effectively introduced; this is mainly because family care for the elderly has traditionally been relied on. Korean welfare policies for the aged currently include issues such as health, leisure, labor, and economy, but housing should be considered one of the main issue for the elderly, especially those with dementia. Because of housing shortages in Korea, housing policies have focused on the production of housing for the population in general, rather than on housing specifically designed for the elderly. Therefore, housing policies focusing on the elderly as a special group with special needs have not been implemented. Additionally housing policies with considerations as to the best course of treatment for those elderly who are afflicted with dementia and how to reduce the burden of their care have been lacking.

Although there are nineteen long-term care facilities and several group homes for the elderly with dementia in Korea, most are run by non-profit or government organizations and are occupied by very low-income elders who can not be cared for by their own families. Recently concerns that paid facilities for the elderly with dementia from middle and upper class families should be developed have been addressed. However, the introduction of small-scale and home-like group homes for the elderly with dementia like housing developed in Sweden in the 1980 has been limited. Alternative housing remains a comparatively new concept to Koreans who have traditionally viewed dementia as a natural part of the aging process and not a disease which requires special care and facilities. Group homes would help those who need special care and they would help those Koreans who feel guilty when they have to leave frail parents in large-scale facilities or hospitals instead of caring for them at home.

2. Purpose of the Study

The aim of this paper is to examine the care of the elderly with dementia and determine the extent of the need for group homes for middle and upper class families in Korea. Since paid group homes have not been developed enough in Korea, the findings of this study could suggest useful information for the people who are concerned with dementia care and for the diverse organizations which plan to develop paid small-scale group homes in the near future.

II. RELEVANT STUDIES

Since the concept of group homes for demented elderly is still relatively new in Korea, there are only a few relevant studies pertaining to the burden of caring for demented elderly and the possibility of group homes. Cho et al (2000) investigated the burden of family caregivers for the demented elderly. The respondents were 198 primary caregivers of senile dementia patients. In major findings, the authors discussed that a caregiver's physical burden was associated with their level of education, occupation, and relation to the demented elderly. The caregiver's emotional burden and economical burden were also associated with level of education and income. On the other hand, the psychological burden was related to economic reward. According to the results, caregivers wanted small-scale professional care facilities for the elderly with dementia, these facilities would promote caregiver well-being as well as the well-being of dementia the victims themselves.

In a study on Koreans' perception of Swedish group home model for the elderly people with dementia done by Kwon et al (2000), the respondents who were interested in dementia problems or currently working with people who suffered from dementia were surveyed. The result of this study lacked awareness of the Swedish group home model for the demented elderly. These same respondents also perceived a group home with the following features as desirable: small-scale, single-family detached house, 3-4 rooms (2-3 persons per room), a total of 8 residents, and managed by a non-profit organization. The group home

would be maintained at a monthly cost of 1 million won.

Another study was conducted by Choi et al (2000) to determine the extent to which the Swedish group homes for the elderly with dementia could be applied to the situation in Korea. This study used a sample of 196 subjects responsible for supporting a member of their family afflicted with such an illness in their home. The result of this study indicated a great possibility for adapting these kinds of group homes in Korea. The respondents showed positive opinions regarding the basic concepts and space plans of Swedish group homes for dementia. The following features were most desirable: small scale, single-family detached house, 3-4 rooms, a total of 6-8 residents, managed by a non-profit organization or the government, and maintained at a monthly cost of 530,000 to 1 million won. The authors of the study argued that political assistance, combined with economic support, were strongly needed in order to develop these types of group homes for the demented elderly.

Kim et al (2000) analyzed Swedish group homes for the elderly with dementia based on their characteristics. Kim's study originally aimed to find a way to apply the Swedish group home model in Korea. Field trips to Sweden were taken along with a parallel study of their literature. Interviews with employees and the observation of group homes were used by the Korean researchers to describe the characteristics of Swedish group homes.

III. METHODOLOGY

1. Development of the Instrument

A survey was done by questionnaire. The main items of the questionnaire asked respondents about their perceptions of group homes for the elderly with dementia, their view points on the potential merit of group homes, and their opinion on the potential problems regarding the distribution of group homes in Korea. The survey asked respondents to answer about their demographic characteristics, their views on the caregiving and living environment of the elderly with dementia, their views on welfare facilities and care services for the elderly with dementia, their level of awareness of group homes in

Korea, and opinions on what types of structures should be built.

2. Data Collection and Analysis

The questionnaires were distributed to 1000 married people who belonged to potential middle and upper class families living in Seoul, Kyounggi, Kyungsang, Choongchung, and Chonra provinces from December 2000 to February 2001. Of those, 906 were collected, but only 577 were analyzed after excluding families with monthly incomes of less than 2 million won and families who did not own their homes. This elimination was based on national statistics indicating that the average monthly income per household in 2000 was 2,386,900 won (Korean National Statistic Bureau, 2000). Additionally, homeownership was thought to be an important indicator of upper and middle class status.

Statistical analysis was performed using the SPSS-PC program. Statistical techniques used in this study included frequency distribution, mean, and Chi-square test.

IV. RESULTS AND DISCUSSION

1. Description of the Sample

Table 1 shows the demographic characteristics of the respondents. There were twice as many female respondents (66.4%) as male (33.6%). The mean age was 44.5 years old. Almost half (44.2%) of the respondents belonged to the age group of 41-50, followed by those 51 and older (25.0%), and then those who were 31-40 (23.8%). More than three-quarters (79.5%) of the respondents had an average monthly income of 2-3.9 million Won (1,550-3,250 USD), followed by 4 million or more won (20.5%). Over one-half of the respondents (53.9%) had a university education, followed by 36.5% with a high school education. Respondent occupations were diverse, ranging from company employees (16.4%) to professionals (14.0%) to civil workers (11.7%). Because of the high percentage of female respondents (66.4%), many were homemakers. Most of the respondents (76.0%) lived in multi-family

Table 1. Demographic Characteristics of the Respondents

Variables		N(%)
Sex	Male	194(33.6)
	Female	383(66.4)
	Total	577(100.0)
Age	30 or younger	40(7.0)
	31-40	137(23.8)
	41-50	254(44.2)
	51 and older	144(25.0)
	Total	577(100.0)
Level of education	Middle school or less	55(9.6)
	High school	210(36.5)
	University or more	310(53.9)
	Total	575(100.0)
Occupation	Homemaker	207(36.1)
	Company employee	94(16.4)
	Tradesman	40(7.0)
	Service employee	40(7.0)
	Civil worker	67(11.7)
	Professional	80(14.0)
	Unemployed	17(3.0)
	Others	28(4.9)
	Total	573(100.0)
Household income per month	2-3.9 million Won	459(79.5)
	4 million Won or more	118(20.5)
	Total	577(100.0)
Structural type of current dwelling	Single-family detached house	138(24.0)
	Multi-family attached house	436(76.0)
	Total	574(100.0)
Size of current dwelling (<i>pyung</i>)	35 or less (under 105 square meters)	312(54.6)
	36-45 (106-135 square meters)	104(18.2)
	46 or larger (over 136 square meters)	155(27.1)
	Total	571(99.9)

attached houses rather than single-family detached houses (24.0%). (This result is above the Korean average for multi-family attached houses, which is about 50%.) The average size of

the current dwelling was 38.2 pyung (115 square meters).

2. Perceptions of Care of the Elderly With Dementia and. Perceptions of Their Living Environment

1) Perceptions of care of the elderly with dementia

The respondents who had actual experience caring for family members suffering from dementia represented about 12.5% of the sample, and those who had demented elderly in their extended family represented 14.4% (Table 2). Thus, more than one-quarter (26.9%) of the respondents had some type of relationship with demented elderly either directly or indirectly.

Regarding the perception as to who was primarily responsible for care of the elderly with dementia, most of the respondents (85%) stated that the family was primarily responsible, as opposed to only 14.6% who felt it was the responsibility of social or government organizations. This fact can be attributed to the traditional Confucian belief that the older generation is to be taken care of by its children, and even more specifically, by the eldest son.

More than one-half of the respondents (56.3%) thought that demented elderly without spouses should be cared for by the most economically capable child, followed by rotation amongst the siblings (29.6%), and then care by the eldest son (14.1%). This shows a radical change in the traditional Korean belief that sole responsibility for one's parents should lie exclusively with the eldest son. Regardless of who actually takes the parent into his or her home, most respondents thought that the financial burden of caring should be evenly distributed amongst all siblings (73.7%), followed by the most economically capable child (17.6%), sharing with sons (5.0%), and the eldest son (regardless of whether he was the wealthiest) (3.7%). This result revealed the fact that most children were willing to share the costs of caring, even though they could not devote themselves to the care of their parents directly.

Considering that more than one-half (66.4%) of the respondents were female and Korea has been a male-dominated society, it was interesting to find them in favor of sharing the cost of caring, regardless of their gender.

2) Perceptions of living environment for the elderly with dementia

The desired living environment for the elderly with dementia (Table 2) was grouped into three categories: 1) in general, 2) for one's parents, and 3) for oneself. In all cases it was found that the respondents preferred a small-scale, long-term care facility for the demented elderly (50.3-53.5%) to a large-scale long-term care facility (34.9-38.6%), followed by a typical house (7.2-11.9%), and service housing (3.0-3.3%). It was interesting that the desired living environment for the elderly with dementia differed by category. For example, a typical house (home) was considered as the most preferred place for one's parents (11.9%), but not for oneself (7.5%). This result seems to indicate that professional care-giving facilities for the elderly with dementia are in demand.

With respect to the effects of housing renovation for the elderly with dementia, 73.9% of the respondents indicated that renovation of their current residences would be helpful. This shows that the majority of respondents were aware of the importance of creating a desirable environment for the elderly with dementia. More than half of the respondents (52.9%) also indicated a willingness to pay for the costs of housing renovation if they were faced with the situation of caring for demented parents in their home, as opposed to only 6% who were not. On the other hand, 41.1% of respondents preferred a care-giving facility to any kind of housing renovation, suggesting that a professional care-giving facility was perhaps more desirable than housing renovation

3. Needs of Facilities and Caring Service for the Elderly with Dementia

Multiple responses about the preferred kinds of facilities for the elderly with dementia revealed that respondents were most inclined to choose a professional hospital for dementia care (89.8%), followed by senior citizen center (71.3%), large-scale, long-term care facility (68.4%), day-care center (67.9%), service housing (66.6%), small-scale long-term care facility (65.9%), and short-stay care center (61.4%). The facilities most preferred to be within ten minutes walking distance between facilities and homes were senior citizen center (61.4%) and day-care center (52.4%), while the preferred facility within a thirty minute drive from home was a large-scale long term care facility (22.0%).

<Table 2> Perception of Care and Living Environment for Demented Elderly

	Variables	N(%)
Experience of caring for demented elderly	Experienced in the past or present	71(12.5)
	Existence of demented elderly in the relatives	82(14.4)
	None	415(73.1)
	Total	569(100.0)
Primary responsibility of care	Family	479(85.4)
	Society (government)	82(14.6)
	Total	561(100.0)
Main caregiver in the family	Rotation amongst children	170(29.6)
	Eldest son	81(14.1)
	Economically capable child	323(56.3)
	Total	574(100.0)
Payer of caring cost	Share with children	424(73.7)
	Eldest son	21(3.7)
	Share with sons	29(5.0)
	Economically capable child	101(17.6)
	Total	575(100.0)
The desired living environment for demented elderly (in general)	Typical house (home)	41(7.2)
	Service housing	18(3.1)
	Small-scale long-term care facility for demented elderly	292(51.0)
	Large-scale long-term care facility for demented elderly	221(38.6)
	Total	572(100.0)
The desired living environment for demented elderly (for one's parents)	Typical house (home)	68(11.9)
	Service housing	17(3.0)
	Small-scale long-term care facility for demented elderly	287(50.3)
	Large-scale long-term care facility for demented elderly	199(34.9)
	Total	571(100.0)
The desired living environment for demented elderly (for oneself)	Typical house (home)	43(7.5)
	Service housing	19(3.3)
	Small-scale long-term care facility for demented elderly	306(53.5)
	Large-scale long-term care facility for demented elderly	204(35.7)
	Total	572(100.0)
Effects of housing renovation for demented elderly	Wouldn't be helpful	32(5.6)
	Would be helpful	457(79.3)
	Don't know	87(15.1)
	Total	576(100.0)
Willingness to pay the cost of housing renovation	Yes	299(52.9)
	No	34(6.0)
	Choose professional facility instead of renovation	232(41.1)
	Total	565(100.0)

When asked about the perceived needs for caring services provided by social programs, most of the respondents (78.7%) wanted economic support from the government or society for the family who had to care for the demented elderly. According to the respondents, the costs of caring for the demented elderly in the home was serious enough to warrant government support. Second to economic support, respondents wanted phone counseling services (74.4%), home-care services (74.3%), and home-nursing services (74.1%). The respondents wanted educational programs for caregivers (68.2%) and support groups for family caregivers (64.1%) more than they wanted home-helper services (58.6%).

The results indicating level of need were lower than the results from former research done in the year 2000 (Choi et al., 2000). The reason seemed to lie in the difference between research samples. Our research focused on middle and upper class families, regardless of caregivers, who had less experience caring for the elderly with dementia; the previous research involved only the main caregivers in the family who were more likely to have practical concerns regarding the situation of the demented elderly.

4. Perception of the Group Home for Demented Elderly

After giving basic information about group homes for the elderly with dementia to the respondents, their levels of awareness were surveyed. While the number of respondents who indicated an awareness of group homes was low (23.9%), it was higher than the awareness indicated by dementia-related professionals (Kwon et al., 2000) (23.6%) or by main caregivers in the family (Choi et al., 2000) (21.6%). The reason for this can be explained in two ways. It could be caused by the general characteristics of this research sample; the respondents had higher educational levels and incomes compared with the former samples. Or it could be explained by the fact that dementia care has recently become an important social issue. Nevertheless, the fact that the level of awareness of the group home is extremely low means that educating society about group homes for the elderly with dementia is necessary.

As shown in Table 3, differences in the perception of group homes were statistically significant in such variables as sex, income, experience in caring for the demented elderly,

<Table 3> Differences in Perception of the Group Home

N(%)

Variables		Perception of the group home			Chi-square
		Didn't know	Knew	Total	
Sex	Male	151(78.2)	42(21.8)	193(100.0)	7.91*
	Female	255(66.9)	126(33.1)	381(100.0)	
	Total	406(70.7)	168(29.3)	574(100.0)	
Income per month	2-3.9 million Won	355(73.1)	123(26.9)	458(100.0)	6.37*
	4 million Won or more	71(61.2)	45(38.8)	116(100.0)	
	Total	406(70.7)	168(29.3)	574(100.0)	
Experience in caring for demented elderly	Yes	41(58.6)	29(41.4)	70(100.0)	17.67***
	Existence of demented elderly in the family	46(56.1)	36(43.9)	82(100.0)	
	No	312(75.4)	102(24.6)	414(100.0)	
	Total	399(70.5)	167(29.5)	566(100.0)	
Primary responsibility of care for demented elderly	Rotating amongst children	114(67.1)	56(32.9)	170(100.0)	17.60***
	Eldest son	43(53.8)	37(46.3)	80(100.0)	
	Economically capable child	246(76.6)	168(29.4)	571(100.0)	
	Total	403(70.6)	168(29.4)	571(100.0)	
The desired living environment for demented elderly (in general)	Typical house(home)	25(61.0)	16(39.0)	4(100.0)	11.10*
	Service housing	14(77.8)	4(22.2)	18(100.0)	
	Small-scale long-term care facility for demented elderly	192(66.2)	98(33.8)	290(100.0)	
	Large-scale long-term care facility for demented elderly	172(78.2)	48(21.8)	220(100.0)	
	Total	403(70.8)	166(29.2)	569(100.0)	
The desired living environment for demented elderly (for one's parents)	Typical house (home)	28(65.1)	15(34.9)	43(100.0)	10.61*
	Service housing	10(52.6)	9(47.4)	19(100.0)	
	Small-scale long-term care facility for demented elderly	206(67.5)	99(32.5)	305(100.0)	
	Large-scale long-term care facility for demented elderly	153(78.2)	44(21.8)	202(100.0)	
	Total	402(70.7)	167(29.3)	569(100.0)	

*p<.05 **p<.01 ***p<.001

primary responsibility of care, and the desired living environment for the demented elderly. Respondents who were female (33.1%), or who had a monthly income of 4 million won or

more (38.8%), or who had a relationship with demented elderly directly (41.4%) or indirectly (43.9%), or who thought a typical house or a small-scale long-term care facility as the desired living environments for demented elderly— were more likely to have more knowledge about group homes than the other sample groups for each variable

5. Needs for Planning of the Group Home for the Elderly with Dementia

1) Structural type for the group home

With regard to the desired structural characteristics of the group home, the majority of respondents wanted single-family detached houses (62.0%), followed by 3-story row or townhouse (33.9%). The variables of educational level ($p < .05$) and structural type of current dwelling ($p < .01$) indicated statistically significant differences.

Level of education also seemed to play an important role. Specifically, those who had a middle school or less education (72.2%) were more likely to want single-family detached houses than those who had a university degree or more education (56.1%). And those who had received a university degree or more education (39.6%) were more likely to want 3-story row houses than those who had received a middle school or less education (24.1%).

Respondents who lived in a single-family detached house (73.3%) were more likely to

<Table 4 > Differences in the Desired Structural Type of a Group Home N(%)

Variables		Structural type of a group home				Chi-square
		Single- family detached house	3-story row house	5-story apartment	Total	
Level of education	Middle school or less	39(72.2)	13(24.1)	2(3.7)	54(100.0)	10.31*
	High School	142(67.9)	59(28.2)	8(3.8)	209(100.0)	
	University or more	179(56.1)	120(39.6)	13(4.3)	303(100.0)	
	Total	351(62.0)	192(33.9)	23(4.1)	566(100.0)	
Structural type of current dwelling	Single-family detached house	99(73.3)	30(22.2)	6(4.4)	135(100.0)	10.69**
	Multi-family attached house	252(58.6)	161(37.4)	17(4.0)	430(100.0)	
	Total	351(62.1)	191(33.8)	23(4.1)	565(100.0)	

* $p < .05$ ** $p < .01$ *** $p < .001$

prefer a single-family detached house as the structural type for a group home. Only 58.6% of those living in a multi-family attached house preferred multi-family attached house for the elderly dementia.

Though there was a little variation among variables, the majority (95.9%) wanted a type of group home, which was lower than 3 stories. This tendency is consistent with the previous research done by Choi and Kwon (Choi et al., 2000; Kwon et al., 2000), and it should be considered when group homes are planned.

2) Management system and number of residents in a group home

Most of the respondents (83.9%) were aware of the merit of small-scale and home-like atmospheres for the elderly with dementia (Table 5). Three variable that indicated statistically significant differences at a significant level of $p < .001$ were educational level, the desired type of care-giving facility for oneself, and the effects on housing renovation for demented elderly.

<Table 5> Differences in the Desired Management System of the Group Home N(%)

Variables		Small-scale management system				Chi-square
		Not desirable	Desirable	Don't know	Total	
Level of education	Middle school or less	2(3.6)	36(65.5)	17(30.9)	55(100.0)	22.36***
	High school	8(3.9)	171(82.6)	28(13.5)	207(100.0)	
	University or more	1(9.5)	273(88.1)	26(8.4)	310(100.0)	
	Total	21(3.7)	480(83.9)	71(12.4)	572(100.0)	
The desired living environment for demented elderly (for oneself)	Typical house (home)	5(11.6)	31(72.1)	7(16.3)	43(100.0)	50.83***
	Service housing	0(0.0)	14(73.7)	5(26.3)	19(100.0)	
	Small-scale long-term care facility	5(1.7)	283(93.4)	15(5.0)	303(100.0)	
	Large-scale long-term care facility	11(5.4)	149(73.0)	44(21.6)	204(100.0)	
Total	21(3.7)	477(83.8)	71(12.5)	569(100.0)		
Effects of housing renovation to accommodate demented elderly	Wouldn't be helpful	3(9.4)	23(71.9)	6(18.8)	32(100.0)	28.21***
	Would be helpful	11(2.4)	401(88.1)	43(9.5)	455(100.0)	
	Don't know	7(8.1)	58(67.4)	21(24.4)	86(100.0)	
	Total	21(3.7)	482(84.1)	70(12.2)	573(100.0)	

* $p < .05$ ** $p < .01$ *** $p < .001$

Those who had a university education or more (88.1%) were more likely to want a small-scale facility as a desirable management system than those who had a middle school education or less (65.5%). Further, those who considered a small-scale facility as a desired living environment for demented elderly (for oneself) (93.4%) and those who considered housing renovation helpful for accommodating demented elderly (88.1%) at a significant level of $p < .05$ and $p < .001$ were more likely to want a small-scale facility than the others (72-73% and 67-72%).

Considering the results of this research and former research stating that 90.5% of professionals working with elderly with dementia and 71.6% of main caregivers preferred small-scale to large-scale systems, it is evident that the current trend in planning large-scale facilities should be re-evaluated.

More than one-half of the respondents considered 6-8 residents in a group home "adequate" (69.0%), followed by "too many" (17.1%), "don't know" (9.9%), and "too few" (4.0%). Those who were 51 and older (75.0%) and who considered a small-scale facility as a desirable living environment for demented elderly (79-75%) were more likely to consider 6-8 persons in a group home adequate than the others (60-70% and 32-66%).

The majority of respondents (87.2%) preferred 2-4 persons per room; of the remaining respondents 3.7% preferred 1 person per room and 2.3% preferred more than 6 people per room. Females (12.0%) were more likely to consider 1 person per room desirable, as compared to 7.7% of the males. In addition, males (4.6%) were more likely to consider 6 persons per room as adequate, compared to only 1% of the females.

The response concerning the number of residents per room was quite different from the Japanese and Swedish models that most residents occupy their own personal room. The difference between the response and the model could be explained by the fact that Koreans think of a group home as a facility rather than a residence or a home. Also, Koreans have a different definition of privacy than the Japanese or Swedes. Additionally, the respondents may have been considering the obvious costs of private rooms in paid-group homes.

V. CONCLUSIONS AND IMPLICATIONS

Based on the major findings of this study, the following conclusions are suggested.

1) Koreans from middle and upper class families felt that the family had the primary responsibility of caring for the demented aged and that demented parents should be cared for either by rotation amongst the children or by the most financially capable child. The traditional notion that the eldest son should be burdened with the primary responsibility for the care of his elderly parents has weakened remarkably.

2) A small-scale, long term care facility was considered the most desirable living environment for the demented elderly; followed by a large-scale, long-term care facility; and then a typical house. An interesting result was that the desired living environment for the demented aged differed between generations. If the respondent was hypothetically the dementia victim, the respondent did not want to be cared for in a typical house. However, the respondents did think a typical house was the most desirable structure for their parents. This response suggests that more facilities for the elderly with dementia will be needed in the future. Even though the majority of respondents understood housing renovation would be helpful, they were also aware of the possibility of opting for professional dementia care facilities instead of housing renovation.

3) The respondents thought the following facilities for the demented elderly were needed: professional hospitals for dementia victims, senior citizens centers, large-scale and small-scale long-term care facilities, day-care centers, short-stay care centers, and service housing. The following services were thought to be necessary for the families of the elderly with dementia: economic support from the government (or society), counseling services via the telephone, home-nursing services, as well as home-care services.

4) Though the respondents in this survey indicated a comparatively higher rate of awareness of the group home than respondents in former research, awareness was still less than 30%. This suggests that education of the public about group homes for the elderly with dementia is necessary.

5) Several characteristics of the group home were thought desirable. The most preferred type of group home was a single-family detached house, followed by a 3-story row house.

The preferred management system was small-scale with a home-like atmosphere. In addition, the respondents felt the group home should be limited to 6-8 residents with 2-4 persons per room.

In conclusion, this study strongly suggests to policy makers that a program to develop small-scale group homes, as an alternative form of housing for the elderly with dementia, should be introduced nationwide in Korea. Such an effort would promote not only the quality of life for the elderly suffering from dementia, but also help families burdened with the responsibility of caring for these individuals.

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