

Models of Housing for Older People in Europe and the United States

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The ability to provide accommodation for older people that can be designed and managed to cope with their changing physical and cognitive needs, throughout the ageing process, will form the agenda for the next millennium. Instead of providing institutions for the elderly, sensitive designs combined with appropriate care management structures are essential for the creation of responsive and supportive environments for people as they age.

There can never be a single model of housing for older people that will satisfy every cultural or economic situation. By looking at various models, which have already been tried and tested, it is possible to learn and identify which features would be appropriate in a particular situation. In many instances more can be learned from the failures and unsuitability of developments than from the successes. By looking at a wide range of examples that exist in Europe and The United States a broader perspective can be gained.

It should be an individual's right to remain where they wish until death. To be forced to move because the building is unable to cater for one's needs in older age is a sign of failure. This not only applies to the building fabric but also to the care services. It is becoming increasingly apparent, particularly in the United Kingdom, that there needs to be an integration of personal accommodation and care packages to cater for the ongoing needs of older people as they age, in order to avoid the need for a premature move to an institutional environment.

Providers and Architects must be encouraged to recognise that in societies today institutional type regimes, or institutional type environments, are unacceptable. The aim must be to provide accommodation for normal people who, in spite of their age, are still striving for fulfillment in life both mentally and to the extent that their physical state permits. Above all we are not designing for people who are marking time until their death. If a design is appropriate and imaginative it can provide accommodation which will not only help to preserve and safeguard them both physically and mentally but it will also enlarge their lives and their sense of independence in such a way as to give them considerable happiness and fulfilment.

Assisted living models are based upon apartment type units designed for wheelchair use within a residential setting. Care programmes and activity spaces are designed for a frail elderly population. This residential model of long term care originated in The Netherlands and Scandinavia and has since been adapted and progressed in the United States and now in the United Kingdom.

The physical environment is only one part of the equation, but it is possibly the most potent part. Both visitors to a building, and the staff, who administer to the needs of residents of that accommodation, will be affected psychologically by the building design. If it is institutional we run the risk of encouraging an institutional regime and a pitying paternalism which will prove debilitating and life sapping to those who deserve otherwise.

The scope of an Architect's work extends from overall planning down to the smallest detail. We must constantly remind ourselves that we are dealing with someone's home, even though that home in many situations may be a modest size bedroom within a group of other rooms. The scale of a domestic residence is different to that of an institution and it is very easy for an Architect to slip into an institutional frame of mind when he is dealing with "more than one". In many developments we can recognise this failure fairly easily by the needless repetition, exaggeration of scale, lack of small homely incident, blandness in decoration and quality of lighting. Examples of this can be instantly recognised by clinical communal spaces, long constant width corridors, over large areas of glazing looking onto non-existent views, needless double doors, authoritative notices, fluorescent strip lighting etc. You may say that all these manifestations are visual but they result from unsympathetic planning and a general misunderstanding of the needs of frail older people.

Whilst the detailed design of components such as grabrails, ramps, call systems and Ironmongery are extremely important, particular attention should be paid to the design criteria which deals with the human, emotional aspects of a frail person's home, even though that person may be one of a group.

In a normal neighbourhood of houses or flats a group of homes forms a community. A community should similarly be created in a care home by arranging residents' rooms together in groups of say 8 to 12. Most residents like living in groups, they also like turning a corner to find that the decoration and lighting is special and familiar and identifies with them personally rather than with some other group. Features such as this are also an aid to wayfinding.

One of the problems about grouping large numbers of residents together can be the length of the circulation routes.

The speed of a frail elderly person can be as slow as 4.5 meters per minute. If, for example, they are going to a central dining room, which is only 25 meters away, they will take about 6 minutes to get there and 6 minutes to get back. This may be considered by some to be good exercise but it can be extremely exhausting for those who are afflicted with complaints affecting perambulation, breathing or heart problems.

Spaces within a building should be carefully defined as private, shared, public, staff or utility. In this way, a resident will maintain his or her own territory and strangers to the building will not have uninvited access to private areas. Segregation of staff and utility areas can eliminate institutionalism and help to maintain a domestic setting.

The importance of a view to the outside world for those who may be virtually confined to the inside of their home should not be underestimated. Once you have provided an older person with warmth, food and a dry comfortable place to sleep, the enemy becomes isolation. Views should be out onto areas of activity and movement rather than confined to an unchanging landscape day after day.

In a care home setting small lounges, adjacent to resident groups, are preferred to a large central sitting room. All sitting rooms should be carefully designed so that there are areas and recesses where groups of people can sit in harmony rather than face each other around the edges. There has to be adequate space in lounges and dining rooms to enable those with walking aids or wheelchairs to move around freely without feeling embarrassed about disturbing other residents.

Future Care Provisions

Future care provisions will thus need to respond to a growing elderly population that requires more support and care in order to maintain as independent a life style as possible throughout the ageing process. Legislative and demographic upheavals will certainly favour new forms of care housing which allow a person to "age in place"; i.e. to receive care as required but not within an institutional setting.

In the United Kingdom, the learning curve in the design of facilities for elderly people has been dramatic. It is now understood that if care providers are to meet future demand, they will need to be sensitive to the following:

1. The next generation of housing and care facilities will differ in many ways from previous examples. Most significantly the private and voluntary sector will account for the majority of new projects, with Government funded capital programmes declining in comparison.
2. Users and their families will have higher expectations and become more articulate as the market benefits from a consolidation of experience and a wider range of options.
3. Future residents will increasingly have been accustomed to a higher standard of housing, education and welfare than their forebears. They will expect the comforts and necessities of a consumer age. Furthermore, the demographic profile of the occupants of this type of housing will move towards the very frail elderly, which will change the demands placed upon the buildings and the management service structure.
4. It is likely that "green field" sites for new developments will quickly be eaten up. Developers may therefore be forced to consider re-using or even rebuilding existing buildings or the upgrading of existing housing facilities. In urban situations high rise accommodation will become more acceptable.
5. In terms of future demand, whilst there will still be a need for nursing facilities to care for increasing numbers of frail, chronically sick, elderly people, the increasing shift towards community care may well render some types of elderly care facilities redundant.
6. Whilst apparently ideal models may exist in other areas, new developments must be affordable as well as functional both in terms of capital cost and operational cost. This can only be resolved by collaborative, creative thinking by all those who design, market, administer, manage and use the facility. This process will in turn inevitably lead to the discovery of further new models of care accommodation.

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