



Care campus European Study Trip Report

Housing for older people and
intergenerational communities

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About this report

This report has been co-produced by the members of the study visit team following our visit to Denmark and The Netherlands in February 2020. If you would like to know more about this trip or the Care Campus project please contact jennifer.challinor@crichton.co.uk

Why we wanted to do this tour

We know that in Dumfries and Galloway, we have a growing proportion of our population that is ageing, and this is leading to increasing challenges delivering equitable and quality health and social care across our dispersed and rural region. Through the 'Building the Case for a Care Campus Project', we have been looking at innovative models of housing and care and looking at 'what would make Dumfries and Galloway the best place to grow old'. Throughout the project, we have been working with and building a network of partners across the region who are interested in thinking about care and housing differently in Dumfries and Galloway. We were keen to share the experience of exploring alternative ways of thinking about housing, caring and communities with these partners and networks in the Care Campus project.

The Crichton Trust has been exploring how it can best support connections between people, organisations, and communities. As an organisation, we are keen to explore what our role could be to support connections and collaboration for positive change. We wanted to explore how to innovative models of housing and care can have a role in encouraging intergenerational connections and enable resilient and connected communities to develop.

We felt that in particular the places we visited in Denmark and the Netherlands, offered some innovative models that we could be learned from and even provide models we could adapt to our communities.

The Study Visit team

- **Jennifer Challinor** – Project Officer “Building the Case for a Care Campus, The Crichton Trust
- **Gwilym Gibbons** – CEO, The Crichton Trust
- **Viv Gration** – Deputy Head of Strategy Planning, Dumfries and Galloway Health and Social Care Partnership
- **Wendy Macleod** – Senior Planner, Dumfries and Galloway Council and member of Care Campus project Independent Reference Group
- **Shona McCoy** – Team leader, local development plan team, Dumfries and Galloway Council
- **Scott MacKay** – Manager, Midsteeple Quarter
- **Ellie Greenfield** – Student at the University of Glasgow on the Health and Social care Leadership Course (Writing her final year dissertation on the possibility of intergenerational housing on or near The Crichton).



De Hogeweyk (Dementia village)



Description of the project:

The Hogeweyk, in Weesp near Amsterdam is a specially designed village with 23 houses for the community housing 152 dementia residents. A 'weyk' is Dutch for a group of houses, similar to a village. The residents all live in small-scale households of 6-7 people. Each household has 6-7 single bedrooms and a shared bathroom, living room and kitchen. Most also have a small outside balcony or courtyard area. The household/flats in the two-story complex are connected by a series of interconnected courtyards, gardens, streets and walkways. The complex is ultimately a large enclosed and secure community around a network of interconnected courtyards.

Each household is designed and styled to offer one of 7 different lifestyles:

- Goois (upper class)
- Homey
- Christian
- Urban
- Artisan
- Indonesian
- Cultural

The residents and/or their families complete a questionnaire about values, interest, life experiences and manners, and it helps them find a household that will suit them.

The residents are encouraged and supported to be as involved as possible in managing their households together with a consistent team of staff members. Washing, cooking and care in each household is by a small team of carers and domestic support staff who are based only in that house. Daily grocery shopping trips for each household is shared by staff and residents at the Hogeweyk supermarket. There are around 35 clubs and hobby groups that take place weekly in the community. There is also a restaurant, and pub where residents can meet friends, family, and fellow residents. In addition to the facilities, like the restaurant, a bar, theatre, many different club rooms and hobby spaces the village also has several outdoor spaces including vegetable gardens and park areas.

Hogeweyk village aims to provide its residents maximum privacy and autonomy; they encourage residents to be actively involved in their own care and to safely roam free through the complex's gardens, courtyards and communal areas.





The De Hogeweyk model of care

We were told that the Hogeweyk approach to care is based on six pillars, all equal.

- 1. Health** – recognition of the complexity of need, but limited use of drugs and no restraints at all. Freedom before risk enables choice at every moment.
- 2. Life Pleasures** – Understanding what people enjoy and enabling them to do it, whatever that is.
- 3. Favourable environment** – a normal neighbourhood, park, birdsong, beach. They do not manage, they lead, create an environment that enables a culture. Employees/Volunteers – All trained in-house, shared responsibilities, self-managing teams within each household. Based on trust, not systems or protocols.
- 4. Lifestyles** – as described above like-minded people living together.
- 5. Organisation** – move away from an institutional approach to normal life; limited procedures and structures – more relational than procedural; leap of faith to let go, lose control
- 6. Emancipation and inclusion** - Leadership, culture change and a paradigm shift towards a service industry (Manager previously worked in hospitality – seemed a similar approach to me); everything organised to encourage involvement; aroma streamers – smells to stimulate senses. Muscle memory and senses very important.

The community design/layout:

The Hogeweyk complex occupies a block on the outskirts of Weesp. The complex forms a large rectangle with several courtyards and gardens, with a town square, supermarket, hairdressing salon, theatre, pub, café-restaurant—as well as the twenty-three houses themselves.

Each house design and décor reflects a style that is common to, and familiar for, the six or seven people who live in that house. The seven settings are:

- Stedelijk, for those used to living in an urban area
- Goois, with an 'aristocratic' traditional Dutch feel
- Ambachtelijk for those used to working as tradespeople or craftsmen/women
- Indisch for those with an association with Indonesia and the former Dutch East Indies
- Huiselijk for homemakers
- Cultureel for those brought up with theatre and cinema
- Christelijk for those with a central religious aspect to life, whether Christian or another religion.



Reflections from the team on the visit

De Hogeweyk it was the interesting design approach to the Dementia village, emphasis on open space and courtyards providing a secure safe environment and the range of facilities together with community facilities which were open to the public for various events. By design, it provided a secure and supportive environment with the buildings providing enclosure and not fences as such.

De Hogeweyk's approach to small scale living and developing a village embedded with the local community was interesting too see. This model is much heralded as an innovative dementia care community, many places are looking to replicate elements of it approach (villages based in this model are planned in Kent and Tasmania). The design had a number of interesting elements including an atrium resembling a shopping centre complete with a supermarket (the re-imagined central supply store) where residents and households can purchase supplies, a pub and restaurant (open to the public and family members as well as residents). The complex also contains a multipurpose theatre, cinema, community space and a high street row of shop fronts containing hobby and craft spaces and volunteer offices (they have an impressive army of 120 volunteers). The focus was on details and use of lighting and aroma to help create experiences and 'normality' whilst providing residents with a safe and connected community.

I don't have a lot of recent experience of care homes in the UK, but both De Hogeweyk and Humanitas felt very different and it being immediately noticeable that they don't smell like a hospital. I really liked how the residents own spaces were personal to them and that there were plenty of spaces, especially in Humanitas, to encourage the residents to move around and have places to stop and interact with each other.

This community felt more institutionalised than any others that we visited, although lots of effort had been put in to developing an attractive and welcoming community, it was still fortress like in design and feel. The clever way they had reconceived the shop, theatre, music rooms, and the restaurants to feel more like a 'normal' community but which are safe. These spaces help to facilitated people being active citizens to be more active participants in their care despite the limitation of a degenerative condition like dementia.

Freedom, personal choice, and connection are at the heart of how the development has been designed and is managed. The small-scale living and design of multiple common spaces for people to pursue hobbies and interests means that people have the freedom to move and have a sense of independence whilst being safe.

I was moved by visiting one of the houses on our tour with Jannette and the resident who when we entered and was introduced to us started to arrange the chairs so we could sit and offered us coffee – he seemed to feel a genuine sense of ownership and wanted to welcome us to his home. The atmosphere in the household was relaxed and homely and residents in the lounge were sitting chatting to the staff, playing a board game, sharing a cup of coffee and watching TV.

We wondered about how the design of the building affected the connection with the wider community. It felt a little like a fortress balancing community connection and safety. Elements of the development were clearly open to the wider community and spaces like the restaurant and some of the communal space were actively encouraging.

Each member of the team whether they worked in the shop, the restaurant, the gardens or theatre were trained to understand dementia and support people who have that condition, it was quite remarkable. The care seemed to be quite laid back, the approach much less risk averse than at home. For example, people who were fairly new residents who were confused by their surroundings were able to make their own way around the place. We saw one gentleman who was confused that a room he was entering was not what he expected and a member of staff very gently invited him in but also gave the option for him to observe or move on. People were not concerned that the gentleman would come to any harm as the environment is safe and the staff working there are experienced in working with people with dementia.

The focus on the need for care and support was very much on a person's abilities not their disabilities. Hogeweyk provide a range of activities and explore with people who live there what their interests are, what they can do, what they might need support with.

A focus on 'real life activities' such as grocery shopping, cooking, cleaning, and laundry all seemed to make sense. For someone who has spent her life caring for a family and undertaking these tasks it makes sense that they have the opportunity to continue to do this. Hogeweyk enables people to do that, even if it's just washing tablecloths and hanging them on a washing line outside their home. Simple, but really effective.

It was really impressive that the windows of the buildings, whether the barbers, a workshop or the events office all had window displays like there would be in a shop in a small town or village. We were informed that these changed with the seasons and it struck me that this was another very simple, but clever way to make this feel like a village community rather than organised group living.

It was also striking that while we were visiting, a group of young mothers from the local community with their children were visiting Hogeweyk. They were using the cafeteria area in the 'main street' to meet, have a coffee and let their children run around safely. They interacted quite naturally with the residents, and there was a buzz that one might feel in any town.

It seemed odd to me that people were locked in their rooms at night; however, it was explained to us that because people are generally very active through the day they sleep really well and are rarely up in the night. There are microphones within the rooms that are monitored overnight by the limited staff on shift.

This village felt quite institutional to me – although it was trying very hard not to be institutional. It felt like a secure resort, almost like Disneyland. It had lots of uniformity in its planning and 'art' benches, but that is a problem with a new build, and it might need time to develop some level of messy and organic. Moreover, it felt quite isolated from the surrounding community, although they were trying to change that. However, lots of effort had been put in to make it a safe and interesting place for people to be in with dementia. Freedom has been designed into the development. It felt like they were able to develop a more natural daily routine for the residents and that people had a much greater degree of freedom than they would have had in a standard UK care home.

The Importance of the range of facilities and that someone could just come and play the piano in the lobby – it tried hard to facilitate people maintaining their skills and interests.

Find out more about this project here in these Film clips: BBC news clip about the De Hogeweyk village & their approach to care <https://www.youtube.com/watch?v=MW8SP-ZGVCM>

Humanitas, Deventer, The Netherlands



Description of the project:

"Humanitas is an independent residential care centre in the Deventer district of Keizerslanden for seniors with a need for support in the field of housing, welfare and care. Together we ensure that people can be themselves in a homely living environment. Humanitas, with all its functions and possibilities, is "a good neighbour" for the residents of the neighbourhood."²

The Humanitas residential and care home in Deventer is a long-established project that has adapted and changed since it was first built in 1965. In 2012 they remodelled the apartments to meet the requirement for government funding. It was found that on each floor, at the end of each corridor, they were left with an apartment (a total of 6) that did not meet the minimum standard for older housing. In 2016 they piloted the idea of letting the housing to students. In exchange for free accommodation in the development, each student spends 30 hours each month helping the project. They are being a 'good neighbour'. The students are free to come and go as they please. Each student prepares an evening meal Monday to Friday, they also support the project with social media, providing activities, social support and outings for the other residents.

Our tour was given by Peter who job title is 'Chief Happiness Officer', he has

the responsibility to increase smiles and laughter. We were shown everything from the electric bike that enables residents to continue the Dutch national pastime of cycling around the local area with staff and student residents, to the hairdressers, shop and multiple lounges as well as the gardens that residents are involved in caring for and the produce which is used in the kitchens. They also talked about believing that every member contributes and every member benefits. Peter talked passionately about inclusion and the power of creating a space that enabled encounters, connections and meaningful relationships.

The Humanitas model of care

They aim for the project to not smell (they use aroma diffusers and ventilation to aid this) sound, look or feel like a nursing home. They want it to be a vibrant place full of life and meaningful interactions, and they aim to 'humanise care' (Sijpkens and Bellanca, 2019).

They say that the student's role is to share their vibrant lives and colour the daily living of the elderly. They aim that the students and residents became good neighbours and friends, with an emphasis placed on deep and meaningful relationships that gives both sides a great deal of positivity and support. Peter talked about what they do as a movement to humanise care and to innovate and dare to be different.



Reflections from the team:

The main aim of Humanitas is creating an inclusive society. Throughout the building, there are 16 common spaces with a different 'character' to facilitate residents interacting with each other. Peter believes that "if you lead a normal life, happiness will follow," and normal life is encouraged in Humanitas.

What is special and different at Humanitas is their intergenerational projects. There are 6 university students who live at Humanitas, who receive free accommodation in turn for being a 'good neighbour' to the elderly residents and making 1 evening meal a week each for the residents. Although they are not seen as workers or volunteers, they are residents in a different aspect. The students' rooms are all placed at the end of corridors which helps to increase the interactions as they move around the building. The students bring a warmth and togetherness to the community and bring the outside world in to the slower pace of life inside the care home. Initially, permission for students to live in Humanitas was denied, but they began with just 1 student moving in in 2016 to see the effects. At Humanitas they believe that you can get the best out of people by experimenting and saying yes to new things, and this experience proved a success with the students being great neighbours to the older residents.

Having the students integrated into Humanitas and showing the slowdown of life for them, opened the door for the Adelbold project, which helps people with intellectual disabilities to integrate back into society after life in an institution. There are apartments next to Humanitas where those who are a part of the Adelbold project live, and they offer their skills to the care home, and in turn get support through day to day life. Young people involved in this project say they have a lot more interactions with people and enjoy life more now though the help of Humanitas. There is also a model train set in the basement of Humanitas, and a group of young people visit Humanitas to be a part Train Club with older residents.

The inside of Humanitas didn't feel like I usually expect a care home to be like. Straight away you notice that it doesn't smell like a hospital, and that there are people both young and old going about their lives. The spaces throughout the building encourage this, so residents have more than just their own rooms and a large common space, so they really utilise the whole building. There's also a shop, library and hairdresser for the residents use inside Humanitas. The inside of the building was nearing the end of a renovation at the time of our visit, and the newly decorated corridors and common spaces were uncomplicated but homely, even down to the detail of the light spades. This emphasised even more of how this is a community of people living under one roof.

I found the discussion with Peter was particularly interesting in how they have remodelled the spaces to provide 'encounters' between residents of all ages, I also found the idea of students being able to stay for as long as they want refreshing, as other models I have come across have limited stays to 1 year making it hard for meaningful relations to develop. I also was really interested to hear about how one student who lived in the community, who had learning disabilities, had gained so much from the project that they had developed an additional element to the community that supports young adults to develop independent living skills.

I was expecting to hear predominantly about the intergenerational aspect of Humanitas and it was impressive and an innovative model for us in Dumfries and Galloway. However, I was also really interested to learn more about their attitude towards providing care and developing spaces that enabling connections and encounters for residents and redesigning an existing building to meet changing standards and needs. In particular, I found the focus on measuring happiness in the staff and residents not tasks was really interesting as was the use of aroma and furnishing to remove any 'institutional feel' and to help orientate people in the building.

Three main aspects to care and support were described as choice, personal freedom and encounters. The ultimate goal is an 'inclusive society' and they view the first step is building a community. "Everyone is welcome, but not everyone fits" we were told by Peter. He explained that people who live here whether in receipt of or delivering care are encouraged to be enthusiastic, not to strive for perfection, to be honest, and to ask questions.

The residents, Peter explained, are mostly from low-income backgrounds and they aim to enable people to have a 'content and ordinary life.' Care is only one part of life. The residents live in small bedsit style apartments, with a small kitchen that includes a fridge, microwave, kettle etc, sitting room, bedroom with en-suite bathroom. This means that people can entertain their family and friends from within and outwith the facility within their own home.

To do this they 'push the rules.' They recognise that the environment is not ideal, it's probably not hospital-level clean, but they meet all the requirements of their care inspectors. They focus more on the experience.

The management describes themselves as enablers, not managers. Peter shared a great example with us of a gentleman who was a traveller. They sourced a caravan for him and placed it within the grounds, therefore enabling him to live his ordinary life.

Intergenerational living meant that some aspects of the building felt more like a university campus than it did a care home. The communal spaces had a good buzz with a mix of older and younger residents. The students who live here act as 'good neighbours' to the older residents. There are no specific duties they have to undertake, but they provide 'encounters,' discussion and friendships to older people. Some examples of shared clubs with mix of ages, younger people benefit from the support of the older people too.

We met a young man who had spent his childhood years in care, he had some challenging behaviours and therefore was placed at Humanitas as a young adult in order to receive care and support he needed. His story was remarkable. He went from being a troubled teen who rebelled against strict restrictions to contributing to the care for people here. He lived in his own flat on-site and was supported and enabled to live his own ordinary life. He now works in the complex as a paid employee and has his flat with his girlfriend outside of the complex.



It felt like a really joyful welcoming place. However, the building was much older and in itself quite institutional but that they had put lots of effort into putting in small things like decor, lampshades and aroma machines to make it feel more 'human'. The fact the renovations were partway through really highlighted the power of these small things to change the feel of a place. The focus on making simple changes to improve people's lives was very powerful. The focus on the values of happiness and creating space for encounters and relationships to develop is really exciting for care and wider communities. I can't help but feel that there is lots to be learned from this in terms of the recovery from COVID and how we can bring people together after social distancing.

The intergenerational care aspect of caring for older adults and younger people with learning difficulties was really interesting for rural communities and had the potential to transform people's lives.

I loved the photos of the residents outside everyone's doors – I liked that they could make personal and express their personality and that it would also help people orientate themselves in what could otherwise be a confusing building. You really felt like the residents were able to express who they were, and it also helped them integrate.

I liked the Dementia whispering project. It was really lovely, and such a special experience for families to connect with their family members at what would otherwise be a really challenging time.



Find out more about this project here in these Film clips:

Intergenerational living

<https://www.youtube.com/watch?v=tjRtaulQsZU>

this is a BBC news report about the intergenerational community at Humanitas and contains a number of interviews with the students and residents who call Humanitas home

Dementia whispering

This was a really fascinating concept.

We met a lady (Ranate) and her father (featured in the film) who had experience of this with her mother who has very severe dementia. They explained they felt reconnected to her through this practice. It is based on thinking, feeling and wanting being used to enable connection.

https://www.youtube.com/watch?v=92E_2nJkSjw

Sættedammen Cohousing Community, Hillerød, Denmark



Description of the project:

The Sættedammen is an intergenerational co-living community in Hillerød, 30 mins by train North of Copenhagen. The community was built in 1972 and was the first co-housing community in Denmark. There are individual flats and houses with shared communal areas such as a communal dining room, kitchen, and laundry, games room and kids' playroom contained within a common house. The houses and two-story flats are arranged around a central shared garden. There are currently around 70 residents in the community, the vast majority are owner-occupiers. Cohousing as a model of housing started in Denmark and although only represents a small self-selecting proportion of the community, the is a growing number (for example the small town they are outside of contains 3 co-housing communities). A common feature of co-housing communities is a shared ethos and values, as well as a willing to participate in the community and residents make an active and positive choice to live there. They have communal meals 5 days a week, although these are optional, people are expected to join at least once a week and to take a turn to prepare the meal for the rest of the community – the

communal house had pages of rotas for cooking, cleaning and grounds maintenance on the walls. There are also community activities including the morning walking group we joined around the local woodland and lake.

Mutual care and support is also part of the community's founding values and ethos, a desire for interest in shared childcare was one of the reasons that we were given for why the community was originally set up. Although the need for shared childcare has reduced as the community members have aged it has also changed organically to include caring for people as they age and for their carer. We joined the community for a meal (and Burns poetry recital from us) when we visited. One of the participants had advanced dementia, their partner talked of how the support they gain from the community had enabled them to remain independent and in their own home for longer.

The shared values and ethos of the community means that the residents are self-selecting, and the value of the houses are above the rates for comparable properties locally (according to the residents we met at least). Most residents are professionals or



retired. At the time we visited there were just 5 children (under 18 years) in the community and the majority are retired or semi-retired.

Living as part of a connected community is an essential part of the reason why people select this community. Some of the residents we met had previously lived in other forms of collective living from communes, Kibbutz and shared households. There is a mix of older people, working age and children but the community was also keen that more families with children moved in – they see this as an essential way to stay a sustainable community. They talked of needing the ‘energy’ and connections that children brought and talked of shared childcare as being a key reason the community was originally set up.

By design or by accident the layout of the homes themselves with 2 bathrooms on either side of each property has allowed owners to subdivide their homes and downsize whilst staying in the same community. This flexibility in the design has allowed families whose children have grown and left the community to downsize and also for those people who would otherwise financially have been excluded from the community due to the higher than average house values (including one person households and single parent families) to purchase properties in the development and to benefit from the community support and shared facilities.

Reflections from the team:

The middle-class, left-wing and professional nature of the community was quite apparent over dinner at a table of architects, university professors and medical doctors. When I asked the people at my table about this, the answer was a very pragmatic Danish response answer of “it would not work if we were not all the same, we need to see the world in a similar way or we would disagree more”. The people I sat with at my table did reflect some diversity though as 2 held Israeli passports and one was originally from New Zealand and proud Maori as well as one Norwegian. I enjoyed the chance to experience the communal life for a few hours and the warm and relaxed community atmospheres is something that many people would gain from.

I spoke with a lady who had been a single parent when she had moved to the community and how much being part of the community had helped her. She felt that she would not have had a support network and therefore the freedom to go back to work if she had lived in another community.

For me, the Sættedammen co-housing community was most relevant and showed the pros and cons of a community built around a shared interest and shared infrastructure (district heating and recreational centre).

The design of the homes allows for the houses to be subdivided and giving people the change to downsize (or even upsize) their homes within the original location and footprint is a really

interesting design and an interesting model for ‘modular’ housing in Dumfries and Galloway. It gives people new options for releasing equity and wealth tied up in their homes whilst keeping connected with neighbours and communities.

I was relieved that this community felt different from a commune. Initially, I was worried it would be more like a throwback to the 1960s and 1970s. I felt that although this was not an option for everyone, it felt very middle class for an example. However, it also felt like a friendly, caring community. I liked the community house, and the district heating system, I thought that those worked well.

They had to be similar in outlook or values for people to live shared ways like this, sharing meals and space as they do. However, that need for people to be similar meant that by design or by accident they are excluding a whole range of diversity and therefore, innovation and change. Maybe they had found the sweet spot between similarity and difference that makes it sustainable. However, I wonder how it will continue to evolve with time and changing community members and if there was enough flexibility in the model to allow for change. I also personally feel that it was a risk that could become quite insular and less resilient. I feel that diversity is key to community resilience.

I shared a table at the meal with a someone who had dementia, and it was exciting to think about how you would experience a community like that with dementia. It was clear that the community looked out for each other and that the carer also felt supported by the community, but there was only so long he would be able to safely stay there.

The care and support aspect of this community was not formal like in an organisation where people pay for their care and support.

People in the community supported each other, whether that is undertaking laundry for an older person or older people caring for working parents’ kids. It really did seem like an extended family.

When people needed healthcare or more specialist care they did have to find that elsewhere. Some care at home services available within the homes here, but when dementia or people become really frail they do need to move elsewhere.

The philosophy of the community did seem to be based on shared living and seventies style communes was where it started. Recently more young families are coming to live here and we heard it is changing the dynamic a little.

There was some confusion between some residents about the rules and committee governance arrangements. Also a little eye-rolling when talking about the annual general meeting, which apparently goes on for some time and is very detailed.

Social activities and the social committee seemed to work much more effectively. A rota for tasks such as cooking etc was very well organised, and there seemed to be a fair amount of structure to life albeit it quite free and easy.

A fantastic experience to join the community for food, a great atmosphere and lots of happy people of all ages.



Find out more about this project here in these Film clips:

The first 4.28 mins of this video show more about the Sættedammen community then it goes in to a description of cohousing communities in the US

<https://www.youtube.com/watch?v=MCcF56J1Sck>

Diakonsissestiffelson Co-housing Community, Copenhagen



Description of the project:

Unfortunately due to the timings of our other visits we were unable to arrange a tour with anyone from this community. However they helpfully sent us lots of information of this project, and we exchanged emails with the architect and project manager and they gave us permission to take a self-guided walking tour of the project. We were keen to visit this project due to the parallels with The Crichton in the development of a former 19th century hospital site. The hospital buildings have been re-purposed and now contain commercial and retail premises. The co-housing project was built in the grounds and consists of both senior co-housing and a hospice and communal gardens and spaces between the new and existing buildings.

How the architects describe this project*:

Housing for seniors

The area of the Diakonissestiftelsen at Frederiksberg had the character of an area for institutions and wished to transform into a more diverse living environment built on a common cultural and religious fundament. The site is on a former monastery and the construction of the first half of a total of 100 units for senior housing is planned. The targeted segment is above 55 years and are offered a strong, local community – played out in shared facilities such as a mixed-use hall, cafés, apple groves and laundries.

The private and the common

In order to distinguish between guests and residents and create an area where the private sphere was respected, gradients between the private, semiprivate and the common in the outdoor spaces was emphasised.

Informal community

The community in each housing unit is informal and based in generous spaces connected to entrance areas and staircases. This allows and encourages the residents to maintain contact with their neighbours, contributing to a feeling of safety and social coherence.

The development comprises different housing typologies.

Technical facilities and welfare technology mean that the development can comprise a varied group of senior residents, from “elderly” to “old”, understood at a scale for care demand.

Development of dwelling clusters and singular blocks of 3-4 floors

The flat roofs of the development can be used for recreational activities, furnished with raised green beds and greenhouses, integrated with the architecture. The roof terraces are shared and is a place for the residents to grow social bonds and community, which can be participated into the degree each resident wishes for. The areas are withdrawn from the roof edges, so that from a street level the green is experienced, and not so much the residents – providing the residents with privacy.



Reflections from the team:

At Diakonsissestifflon it was interesting to see the interface between the historic traditional hospital building which had been converted and the new high-quality housing development in the grounds. It was an interesting design with the use of high-quality modern materials and high-quality landscaping, gardens, outside gym and a variety of hard landscaping defining privacy.

This project was an interesting parallel to the project that is being talked about at The Crichton. The combination of a 19th-century hospital building and a modern community for older adults has clear parallels. Moreover, the way they had combined the modern buildings with history was interesting, as was co-locating business space with co-housing for older people and a hospice. However, the context was quite different as it was central Copenhagen rather than a small community.

I particularly liked how it has linked the two sets of buildings though common areas and shared spaces like the outdoor gym equipment and spaces for sitting and connecting. The space between the buildings was used by multiple groups of people not just residents in the co-housing or people who worked in the former hospital building, but families and communities who are choosing that route to take to their destination. The way they had included bike sheds and walking routes and that these were prioritised over cars and car parking helped this. The green spaces between buildings provided some exciting ideas we could use to think about spaces between buildings both at The Crichton and at the Midsteeples Quarter to encourage community connections and encounters between different parts of the community that use that space.



The impact of COVID

The visits in this study tour took place in mid-February 2020.

Three weeks after we returned from this trip, the UK went into lockdown to reduce the infection rates for COVID19. This has changed many things about how we live, however in many ways it has shone a light on the way we care for our most vulnerable community members making us all more aware of the role of community connections and wellbeing in how we live.

Since returning from the trip members of the study visit team presented and shared their experience of the trip with their teams and colleagues during a number of workshops and presentations. During these presentations one question we kept getting asked was themed how COVID 19 was shaping our thoughts about the places we visited. We took these questions back to the communities we visited, and De Hogeweyk and Sættedammen were kind enough to share their experiences of lockdown.

Both the Netherlands and Denmark have had a different experience of the pandemic and their governments have reacted to the challenges in different ways to the UK. However, many of the challenges and risks were common between the UK and both countries. The effect on care homes and communities has been similar, with all three countries having a period of government enforced lockdowns, social distancing, and restrictions to protect older adults and vulnerable groups.

Sættedammen Co-housing Community

Community events were put on hold when lockdown started in Mid-March, the communal meals stopped then as well and started up again in August with some restrictions. Not as many people as normal are attending these meals, as some of the elder members of the community have been keeping to themselves. Some of the elders are still maintaining some social contact but prefer to do things in smaller groups than before.

De Hogeweyk Dementia Village

The experience of lockdown in the De Hogeweyk community has been mixed. At the time we spoke to Janette they had around 20 cases of residents who had tested positive for COVID19. But they are not yet able to tell if that was more than they would have had in normal circumstances.

Every resident, staff member is tested every week. What is really interesting is how they have used the small scale living – the small households of 6-8 people to isolate and quarantine the people who have tested positive for COVID19 to enable the rest of the community to continue to have freedom of movement around the community.

Staff volunteered to work in the COVID positive quarantined houses – this strategy is one they have previously employed for Noro-Virus outbreaks in the past but they have had to learn new regimes for cleaning and reorganise how they staff and support the households and the community at night to minimise risk of cross infections between homes. They feel they now have more robust strategies and staffing patterns that will enable them to respond more quickly to outbreaks in the future. They are keen to stress that they want to continue to allow residents a much freedom as possible. Many of their residents are already in the last few months of their lives and they are keen to ensure that they have as good a quality of life as possible and that they don't focus so heavily on preserving life that people lose all quality of life, social contact and sense of freedom.

They also talked about the impact of lockdown on some of the residents and how they had learnt that when the government restricted visitors to care homes early on that some residents found this change in routine distressing but that also challenging behaviour levels dropped significantly from many of the most unsettled residents and that they were still reflecting on how they can learn from this and better support those residents who found the lack of visitors and activity calming in the future.

The De Hogeweyk community also talked about being aware of care homes in Australia using a 'care pod' approach to minimising infection rates among residents by retrofitting small scale living staffing models into more conventional care home set-up. They hoped to share how this experiment works in the coming months.



Acknowledgments and thanks

This trip and report would not have been possible without the time and generosity of the communities we visited. Everywhere we visited we were welcomed warmly and our questions were met with kindness and honesty. In particular we would like to thank our tour guides Jannette Spiering at De Hogeweyk, Peter Daniels at Humanitas and Melanie Bech-Pedersen for their time and willingness to share their experiences.



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