The Concept of Extra Care:

How does gerontology affect today's design of collective models of living?

Julia Radka
4284543
K14 CCP
18/01/2018

Masters of Architecture
University of Nottingham

K14 CCP
Julia Radka
ID 4284543

2017 - 2018

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Abstract

Although a home signifies a place of belonging, the second definition in the Oxford Dictionary (2017) states that it is "an institution for people needing professional care or supervision." Indeed, today's homes for the elderly should provide a sufficient amount of care, however, it doesn't necessarily need to be an institution. Housing for the aging population is often generalised and misjudged for being 'the last resort' as an individual begins to experience decreased levels of independence. Extra care housing, as clarified by King, (2011) falls between two categories – dwelling houses and residential institutions. It is either disregarded, or not stressed enough, that this type of living has a great contribution to one's wellbeing and that it has a different purpose than nursing homes. Cotter (2012, p.6) implies that "older persons feel healthier than ever, live longer, and have fantastic opportunities to remain vibrant members of society." Extra care homes are beneficial for the elderly population who fall under those categories, and emphasise on the quality of life over the quality of care.

This essay will begin with a literature review about people's change of needs as they grow older. According to Erik Erikson's theory, (Psychology Notes HQ, 2017) individuals over the age of 60 are in their last stage of psychological development – the sense of fulfilment. Specialist homes for the elderly, such as extra care homes, are also inclusive of individuals within the earlier stage, whose aims are to contribute to the society. This is a very important factor be considered when providing homes for the ageing population, alongside the decreased levels of independence, mobility and wellbeing; as this model of living accommodates a more diverse market.

How do homes for the elderly differ from standard dwellings? What makes a place feel like home? What exactly is a home? Whilst implementing stories of many individuals, Cooper-Marcus (2006) describes the relationship between the inhabitant and the home. She characterises a number of stages ranging from the first child-home encounter to the 'Disruptions in the Bonding with Home' which focuses on the later or last stages of life at home. Understanding not only the requirements but also the desires of the inhabitant is what generates the highest success rates of collective residential models.

The theories deriving from this research will be investigated through a number of case studies, reflecting on the architect's approaches to creating suitable, as well as desirable environments for the end users. Torrington (2014, p.9) stresses that "the older population is so diverse it is inappropriate and undesirable to suggest that there is an ideal home;" however the conclusion of this paper aims to identify the best architectural responses to gerontology.

0.1

Introduction

In the recent years, gerontology has become a very popular subject for not only sociologists, psychologists and healthcare professionals, but frequently housing associations and designers. More importantly, it is becoming an interdisciplinary topic – many professions are collaborating in order to ensure that the provision of housing and care meets a high standard. Although, Marcus (2006, p.16) argues that *"the interaction between people and their domestic contexts, a subject of overwhelming importance* […] *has been neglected in both architectural and psychological circles."*

Improvements in technology and healthcare, as well as provision of suitable environments for the elderly, greatly contribute to the increase of the ageing population. It is expected that by 2050, a third of the UK's population will be over 60 years of age. (Bond et al, 2007) In addition to many challenges, this creates opportunities for the built environment to tackle the 'housing crisis'. It has been clear for a long time that the UK is in a high demand for housing, moreover, there is an increasing demand for specialist housing. Older citizens own a large proportion of homes in the UK, often occupying more space than they require. The editors of Happi 3 (Housing an Ageing Population : Positive Ideas, 2016) clarify that 8 million people over the age of 60 are keen to downsize, which would result in 18% of the total housing market becoming available. In addition to downsizing, supplying the housing market with suitable and desirable models of living would benefit an elderly person's health and wellbeing.

As indicated by Anderson (2015) homes for the elderly have been in existence since the mid 1800's. He explains, *"to provide intermediate care for those who don't need a nursing home but cannot live independently, assisted living communities have sprouted up all over the U.S. Other types of senior care and senior housing have appeared and flourished too…"* This highlights that there is a number of specialised housing typologies which the elderly can benefit from; and quite recently arose the concept of 'extra care'.

This essay will aim to define successful parameters for extra care housing schemes, and develop an understanding of the needs and desires of the ageing population.

0.2

What is gerontology?

Gerontology is dated back to the 20th century when *"ageing became, for the first time an area of study in its own right. The terms 'gerontology' (study of ageing) and 'geriatrics' (medical care for ageing people) were both coined in the first decade of the century."* (Anderson, 2015) It is a study that connects biology, sociology and psychology in order to understand the aspects of ageing.

It is commonly misinterpreted, as highlighted by Victor, Hesterhof and Bond (Bond et al, 2007, p.88) that *"the simple observation that more older than younger people have grey hair may well be represented in the media and elsewhere as both demonstrating the negative effects of ageing and determining the onset of 'old age'"* There is much more to ageing than grey hair, but equally, grey hair shouldn't be a factor which segregates the 'old' from the rest of the society.

So what exactly is 'old age'? There are numerous theories which indicate stages of life where one becomes older. As outlined by Cotter (2012, p.11) elderly people can be divided into three main categories: Middlescence at 40-60, Late Adulthood at 60-80 and Old Age for ages over 80. This theory suggests that the boundary for 'old age' is past 80. Erik Erikson's theory, however, sets the last stage of life development at 65. DeBellis (2017) outlines four ages of life; the age of preparation

in persons under 20, the age of achievement in 20 – 40 year olds, the age of fulfilment; also referred to as the third age in 50 – 75 year olds, and the age of completion as the last of ages. What actually indicates the process of ageing is the environmental and genetic control. The elderly adapt differently to challenges, but generally have a higher wellbeing than might be expected, and a *"bonus of 30 years not available to previous generations."*(DeBellis, 2017)
Westernhoff and Tulle suggest that *"older people distinguish between positive and negative aspects of their own ageing and they hold different domains of functioning, such as physical, social and psychological functioning."* (Bond et al, 2007, p.*248)*

Figure 1: Erikson's psychological stages of development, suggesting the old age is the final level of 'completeness'

Erikson's Stage Theory in its Final Version			
Age	*Conflict*	*Resolution or "Virtue"*	*Culmination in old age*
Infancy (0-1 year)	Basic trust vs. mistrust	Hope	Appreciation of interdependence and relatedness
Early childhood (1-3 years)	Autonomy vs. shame	Will	Acceptance of the cycle of life, from integration to disintegration
Play age (3-6 years)	Initiative vs. guilt	Purpose	Humor; empathy; resilience
School age (6-12 years)	Industry vs. Inferiority	Competence	Humility; acceptance of the course of one's life and unfulfilled hopes
Adolescence (12-19 years)	Identity vs. Confusion	Fidelity	Sense of complexity of life; merging of sensory, logical and aesthetic perception
Early adulthood (20-25 years)	Intimacy vs. Isolation	Love	Sense of the complexity of relationships; value of tenderness and loving freely
Adulthood (26-64 years)	Generativity vs. stagnation	Care	Caritas, caring for others, and agape, empathy and concern
Old age (65-death)	Integrity vs. Despair	Wisdom	Existential identity; a sense of integrity strong enough to withstand physical disintegration

0.3
Challenges in the older age

Health is one of the greatest issues in an elderly person's life. As a person grows into the old age, they become increasingly frail and can develop disabilities. There is an obvious decrease in range of motion as well as deterioration of the senses, alongside lowered mental abilities causing dementia, Alzheimer's and depression. Westendorp and Kirkwood explain that *"since there is no programme for ageing, and since ageing is driven by the gradual accumulation of faults, anything that slows the accumulation of faults will potentially extend not only one's lifespan but also health span."* (Bond, Peace, p.30) The provision of care is essential for the ageing population; however some institutional surroundings may deteriorate one's health. The benefit of extra care is that individuals are assessed on their care requirements; and receive what they require whilst retaining their independence. Cotter indicates that *"older persons feel healthier than ever, live longer, and have fantastic opportunities to remain vibrant members of society."*(Cotter p.6)

Poor health, as well as absence from the labour market sometimes leads to social disengagement. Philipson and Baars (Bond et al, 2007, p.71) highlight a *"disengagement hypothesis* [which] *suggests that old age is a period in which the ageing individual and society engage in a process of mutual separation."* As direct involvement with the working world decreases, local community becomes the primary source of socialising. Yet, even this may become unpractical as one grows into the old age; especially in suburban or rural communities as walkable distance decreases. Cities, towns and

villages should be designed in order to promote socially and physically active ageing, especially that *"never before in history have we had societies with such high proportions of older persons."* (Cotter 2012, p.95) For the time being, the provision of extra care facilities aims to widen social networks, as well as create close communities within; which to some extent, addresses social issues.

0.4
The third age and the lifestyle choice

Third age is established as the first period of ageing, or the '*age of fulfilment*' as described by DeBellis (2017). She highlights that this is the stage where one finds *"the kind of living we want to claim for ourselves in the second half of life"*.

Some people still want to make meaningful contributions and to make the most out of what one has left. A proportion of elderly persons decide to experience productive ageing, as it helps to *"maintain well-being as well as emotional and motivational aspects of productivity,"* explains Kunnemund and Kolland, (Bond et al, 2007, p.178) and decide to continue their employment beyond their retirement age. Part time or seasonal work, as well as volunteering and community work is not uncommon within the ageing population, and Cotter (2012, p.87) states that *"older women are increasing their proportion in the workforce."*

On the other hand, the majority of the 'third agers' at this point search for personal fulfilment and are keen to enjoy life, after spending most of it in employment, and finally feeling accomplished. Dittmann-Kholi and Jopp define third age as the *"transition to retirement and gradual accommodation of goals and activities to the new setting and roles."* (Bond, 2007, p.270) An elderly individual can dedicate their time for an expansion of activities and focusing on hobbies, and generally enjoying the freedom and leisure – the product of the industrial revolution. Travelling recently became a very popular hobby for early retirees, it has become a new vision of life in the old age. Sadler (2004) explains that *"the third age represents a new option in midlife and offers us opportunities previous generations did not have."*

Earlier life can have a major influence on what an elderly person decides to focus on during the third age. There are many factors which contribute to the lifestyle, for example achieving the '*sense of fulfilment*' from the previous life and development stages, and a healthy lifestyle allowing for a more active ageing; both which also determine the commencement of 'old age'.

0.5
Geriatric homes and new models of living

The means of meeting requirements and aspirations of the elderly population has been an unsettled topic for many years. This is due to the changes in the demographic patterns, funding, healthcare; and housing provision.

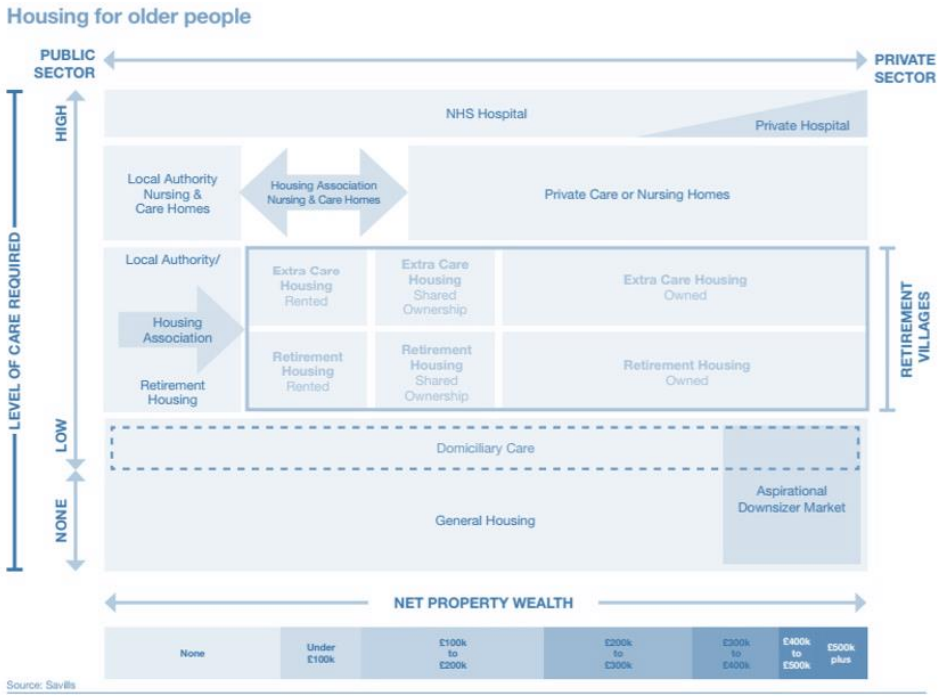
The provision of specialist homes for the elderly slowly contributes to overcome the issues which are significant to ageing patterns. According to Hudson's research (2015, p.6) on the demographics of the ageing population, at present, 4.8% of the elderly citizens in the UK live in independent retirement homes; 5% in nursing homes with full time care; yet only 0.6% have the opportunity to live independently and receive part time care in extra care homes. Currently, 7000 extra care homes are being built each year, with 27,000 extra care and retirement schemes in planning or already approved. However, he emphasizes, that in order to keep up with the demographic growth, 18,000 homes per year are necessary to maintain provision. This is further reinforced by Sheehan (2017, p.19) who reports that English councils do not "*meet the demand for specialist supported housing."*

If a product meets the desires and requirements of an individual, it is obvious that there is a great opportunity for the market to expand. At one point in the early 2000's, extra care started becoming so popular, the numbers of built units surpassed retirement housing schemes. In comparison to other specialist housing schemes for the elderly, in particular those with higher care requirements; Extra care is becoming a social aspiration, rather than the 'last resort.' Nursing homes on the other hand, as emphasized by Marcoen, Coleman and Hanlon (Bond et al, 2007, p.63) provide poor physical care and have high mortality rates due to their *clinical regimes*. One of the key objectives of extra care housing schemes; *"the creation of lively based communities for older people, ranging from active, independent residents to those requiring a higher degree of care,"* (Kent County Council, 2014) seems to be an evident answer to the provision of an environment that is both suitable and desirable.

Figure 2: Overview of housing typologies for the ageing population, (Nathaniel Litchfield & Partners, 2016)

Typology	Description	Use Class	Financial Implications
General Needs Housing	Housing not designed for specific needs	C3 Dwellinghouses	Affordable housing contributions often required
Retirement/ Sheltered Housing	Group of (almost always) self-contained flats/ bungalows, offering shared facilities and management, where all residents are older people	C3 Dwellinghouses	Affordable housing contributions often required
Extra Care Homes	Retirement housing that also provides a flexible level of care	C2 Residential Institutions / C3 Dwellinghouses	Affordable housing contributions often required if considered C3
Care/Nursing Home	Residential complexes where residents usually live in single rooms and have access to on-site care and shared facilities	C2 Residential Institutions	Affordable housing contributions not usually required

Figure 3: Housing typologies for the ageing population based on the housing sector, property value and care provision



0.6

What is a home to an elderly individual

A house can be defined as a place of permanent residence; however, it becomes a home when one feels like they belong there. A house is cleaned, a home is taken care of. *The home is where the heart is.* There is a psychological connection with a home, but only physical with a house. Cotter (2012, p.71) highlights that *"with ageing, the home takes on even more psychological value."* People in their later development stages perceive home in a different way; they have a different relationship with their home and a particular attachment to it.

Cooper-Marcus suggests that during the period of maturing, *"our relationship to the physical environment of home goes through subtle shifts and changes, mirroring shifts of attention from outer accomplishment to deeper inner concerns."* (2006, p.12) A home to a child can be portrayed as a fort, a den, or a playhouse; yet a childhood memory of home in the later years often becomes a significant factor contributing to the selection of a new home environment. Along the way of the *maturing* process, bonding with a home can become challenging. In young adult age, this can be due to the inability to settle down; as an older adult, a house may not reflect one's personality; when becoming parents, needs and preferences of a home environment alters. Likewise, when an adult is ageing, two factors can trigger these *disruptions when bonding with a home*; divorce or the loss of partner, as well as an *individuation process* after one fulfils their parenthood and career duties.

Although the 'second half of life' is shorter than the first, a person spends significantly much more time at home. It could be the time to change the house around; alter the use of various rooms to try to find oneself. Like a chef finding themselves in a kitchen; some parts of the house become used much more frequently, some parts are used much less. Yet because *"you think you're looking at a house, but what you're looking at is the history of a family,"* (Cooper-Marcus, 2006, p.224) an elderly person may feel dissuaded to abandon it.

In fact, over time, it is not the house that changes, but one's attitude towards it. In 'The Poetics of Space' Bachelard expresses, *"how suddenly our memories assume a living possibility of being! We consider the past, and a sort of remorse at not having lived profoundly enough in the old house fills our hearts, comes up from the past, overwhelms us."* (1957, p.56) This thought may trigger a home move in order to rebuild home bonds in a new environment. An elderly person can begin to look for calm and peace, or perhaps to become more independent and self-sufficient; to *"start again, away from the memories embedded in the family home."* (Cooper-Marcus, 2006, p.235)

It can take time for a house to become a home, and this can be an emotional experience, however, the recreation of an old interior in a new home environment could have a very positive effect on an elderly person's last development stage. This could be the last move, the final bonding process with a home, thus filling up a space with memories is fundamental to induce a swift adaptation. The speed of adjusting to a new home depends on the new surroundings. After conducting a great deal of interviews with older individuals, Cooper-Marcus determined that *"a room in a nursing home* [that] *is often shared with a stranger, and the atmosphere of white walls, fluorescent lights, linoleum floors, and metal furniture speak forcefully of hospital and illness, and not at all of home."* (2006, p.245)

0.7

Why move home?

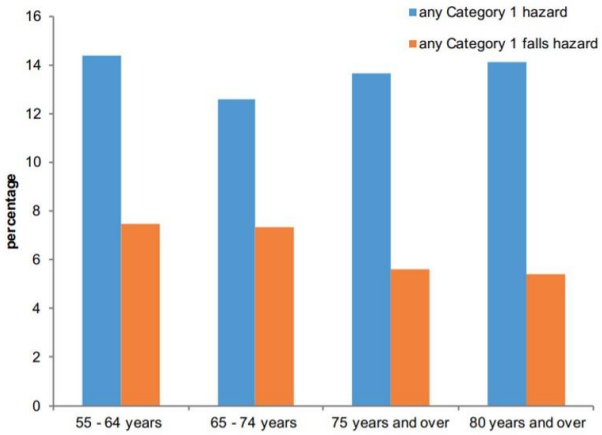
As previously mentioned, a large proportion of today's ageing population live in homes which are too large; resulting in unnecessary extra costs, in addition to the requirement of resources for

maintenance and assistance. As a result, some people in their older age can be identified as 'housing rich and income poor.' Although the house remains without change throughout the years, eventually an older person may no longer be capable of maintaining it independently. Even a minimal amount of assistance such as housekeeping can have a major impact on an elderly person's wellbeing and self-sufficiency. As expressed by Bond, (2007, p.303) *"people are not disabled, it's the environment that disables them."* Decreasing the floor area not only reduces maintenance requirements, but provides a more manageable space for the user; thus, improving one's psychological wellbeing by allowing them to be *capable of maintaining on their own.*

Whilst downsizing may seem suitable in the first instance, substituting the living environment from a large and unmaintainable home, to a more comfortable standard of living; designed specifically for the needs of the ageing population, will have more long-term benefits. Although only a fraction of elderly people decides to relocate to *age-segregated housing communities,* (Bond et al, 2007) the benefits are noticeable not only for the senior residents; extra care housing independently contributes to a 38% NHS cost reduction per year and helps to speed up recovery from hospital admissions. (Cairncross, 2016)

In addition to the size, housing conditions are directly linked with the health of the ageing population. Low temperature and risks of falls are the key factors which contribute to ill health. Garret and Burrins (2015) outline that in 2012, 1.3 million homes occupied by the elderly were subject to at least one *category 1* hazard; in particular houses which are privately owned. The provision of design features, such as level access, flush thresholds and wide circulation spaces improve the accessibility of a home, and minimise potential risks of falls. Accessibility issues appear to be the primary hazard at home, whereas specialist homes ensure that all provisions are made in order to minimise any such risks. Hence, moving from a home which is unsuitable for a senior citizen is not only affecting their psychological, but also physical wellbeing.

Figure 4: Percentage of hazards from falls in relation to other hazards, indicating that falls approximately account for 50% of all hazards



0.8
Today's home design for the elderly and the role of an architect

Even though architects around the world approach the design of age-specific homes in a manner which responds to the change in needs of the user; it should always be ensured that homes represent excellence in all aspects of living. Awan (2011, p.39) suggests that *"architects are left with little choice but go with the flow, sometimes enjoying the new formal possibilities that the speed throws up, sometimes finding the gaps in the traffic that allow them to explore new social potentials."* In some parts of the world, for instance Scandinavia (refer to section 1.4), architects

steer away from segregating the elderly from the rest of the society, and instead provide collaborative models of living which incorporate not only a blend of age groups, but also a mixture of uses. Social connections are crucial in the later years of life; thus, architects should always accommodate for the potential of expanding networks.

In addition to various housing typologies mentioned previously, there are several models of specialist housing for the elderly; bungalows, often located in rural areas, low-rise multi-storey complexes in suburban areas; and occasionally mixed-use complexes in towns and cities. Each of these facilities includes private space, sometimes with small gardens which are maintained either by the resident or more frequently by carers or management; fully accessible communal spaces, which are sometimes available for the local community; and most importantly, design features which improve one's independence.

Furthermore, depending on the project budget, architects tend to manifest specific design goals which generate greater success of schemes. An example of a design objective could be to minimise running costs and improve thermal comfort; this can be achieved by implementing energy-efficient materials and building services. Another design element could be the implementation of technology. The development of technology in the last decade allows the older citizens to maintain relationships, get healthcare advice, as well as shop and bank without relying on their physical abilities.

0.9

Design qualities and aspects of extra care

In contrast to other specialist homes for the elderly, an extra care home is often perceived as an asset rather than an identity; as an alternative to residential care. There are some core ingredients of extra care homes, as outlined by Riseborough, Fletcher and Gillie. (2015, p.4) These consist of; provision of self-contained flats or bungalows with private front doors, office space for care and building management, communal spaces and facilities, safety and security, and assistive technologies. What is important, is the space progression from a communal core into a private space; allowing the resident to control their level of privacy.

Collective models of living such as extra care homes, provide elderly residents with an opportunity to self-reflect and focus on oneself, and at the same time to keep up a healthy; as well as physically and socially active lifestyle. An extra care model that has been purpose-built, should promote ageing in place, since this is often one's 'final' home. Krampe and McInnes (Bond et al, 2007, p.225) suggest that *"while biological aspects of ageing may lead to spatial restriction and lifestyle centred on the home, personal autonomy in a broad sense is connected to the structures, facilities and opportunities allowing the individual to engage beyond the self."* Therefore, social and communal aspects of extra care are significant in order to sustain personal well-being. Above all, residents of extra care homes are given not only independence, but also the choice of lifestyle.

Extra care is still a relatively new concept of collaborative-living, thus it is expected that it will develop, just like it has changed over the past decade. As the population in the UK has become so diverse such as in culture, religion, race and sexual orientation, it is fundamental that an inclusive community is established. Extra care housing models are beginning to reflect this demographic trend, accommodating and openly accepting people of diverse background without causing a fear of discrimination. There are plans for UK's first LGBT extra care scheme to be developed in Manchester; Walker (2017) reinforces that *"this scheme will provide that support for group of people who would otherwise struggle to find the appropriate accommodation."* It is anticipated that more schemes with such intentions arise on the housing market in due course.

1.0

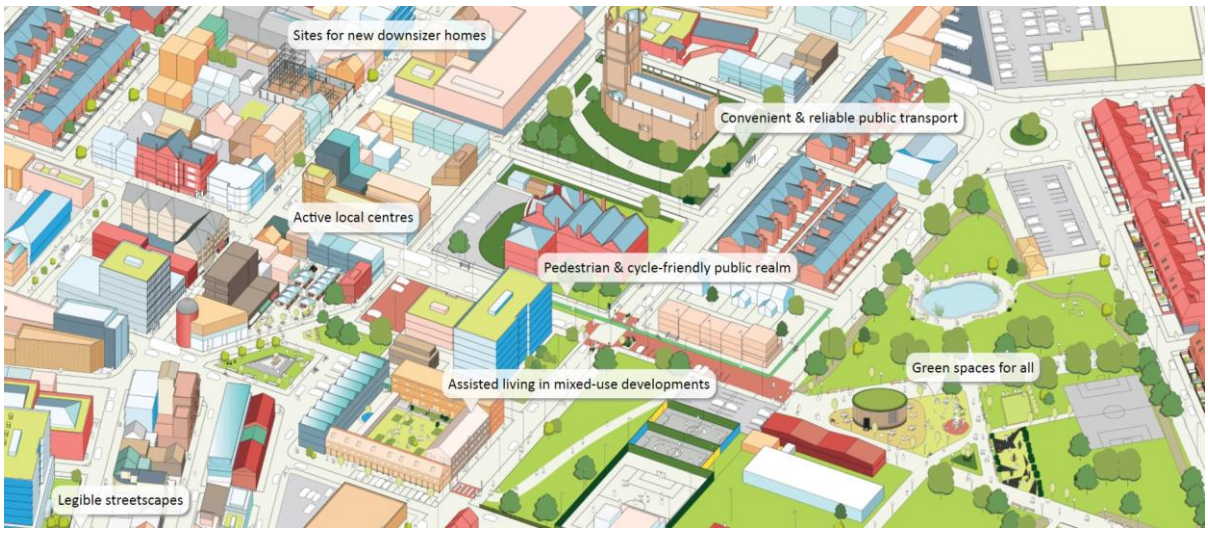
Issues with today's designs of housing for the elderly

Alongside all of the benefits of retirement housing and extra care, there are multiple issues which need to be addressed by designers in the near future. Desirable locations, aspirational living environments as well as well as response to the changing demographic patterns should become the priority in the forthcoming extra care design briefs.

The majority of UK's housing for the elderly is located either in rural or suburban areas; over 60% of the elderly population live in suburban residential areas and just over 20% in rural areas. (Garret & Burris, 2015) The remaining ageing population is located in cities and towns, where lack of provisions for the elderly are a significant burden. The editors of Dwell's *Age Friendly Built Environment* (2016) suggest that *"the next step is to mainstream the idea of assisted living as an integral part of the neighbourhood centre."* City and town centres are significantly age-segregated; future designs of buildings, as well as the public realm should incorporate design strategies which are all-age friendly; including aspects such as *familiarity, distinctive environments, legibility, accessibility, safety, and comfortable and stimulating environments.* (Halsall, MacDonnald, 2015) Evidently, the design of age-friendly bungalows is unsuitable for an urban context due to their gross inefficiency in terms of land use. However, providing fully accessible multi-storey flats, or incorporating them into mixed-use complexes would help to establish a 'city centre for all ages.'

Equally important is the encouragement to move. Hudson (2015, p.12) expresses that *"the existing market has been heavily focused on 'needs' based movers with bereavements, health or safety issues driving demand."* Future designs of extra care housing schemes should target a wider user group and provide innovative and desirable complexes, in order to promote retirement housing and attract a diverse mix of senior customers. A large proportion of UK's extra care homes which were built in the 1990's that are still in use, aimed for volume and size rather than quality. (Hudson, 2015) Although the majority had undergone renovations and are now satisfying current requirements, many are often not appealing to seniors searching for a 'modern' lifestyle.

Figure 5: Dwell's *map exploring how the built environment can support mobility and well-being*



Case study 1: The Vincent, Bristol

Allford Hall Monaghan Morris | 2018 | Refurbishment + new build | Suburban location

Figure 6: Bedroom, below
Figure 7: Communal lounge, top right
Figure 8: Spa, bottom right

The developer, Pegasus Life, is well known for providing retirement housing for the new generation of seniors. Their motto: '*Retirement living, but not as you know it*' reflects the way in which The Vincent, as well as their other homes, creates the architecture of collaborative models of living through bypassing the stereotype of a care home.

This contemporary development prioritises well-being by providing a gym and stretch studio, a wellbeing spa, a hydrotherapy pool and treatment rooms, alongside numerous communal facilities and 65 extravagant one, two and three bedroom apartments. The apartments are very spacious, with large windows to maximise the amount of daylight and fresh air, as well as to frame the stunning views of the landscaped surrounds. Thoughtfully designed for the elderly over the age of 60, this facility promotes living in style and comfort, whilst maintaining and optimising good health.

This award winning, bespoke scheme, has been designed to retain the site's history whilst providing a modern living environment and atmosphere.

The Vincent is the definition of 'aspirational living,' and greatly contributes to changing people's opinion on what retirement housing can be. It makes a considerable difference to the existing market, and reinvents the living habitats for the ageing population.

1.2

Case study 2: Garden Spot Village, Pennsylvania

RLSP Architects | 2014 | Renovation | Suburban Location

Figure 9: The village commons and dining area, below
Figure 10: Coffee shop, top right
Figure 11: Open dining and cooking space, bottom right

In addition to an existing 73 independent living apartments and bungalows, RLSP architects proposed to eliminate a standard, care home environment and to incorporate an original approach to designing communal aspects of senior residences. The focus of the scheme regeneration was to create an atmosphere which reflects today's senior's aspirations; in particular, to provide a sensational dining experience, in addition to promoting a healthy lifestyle.

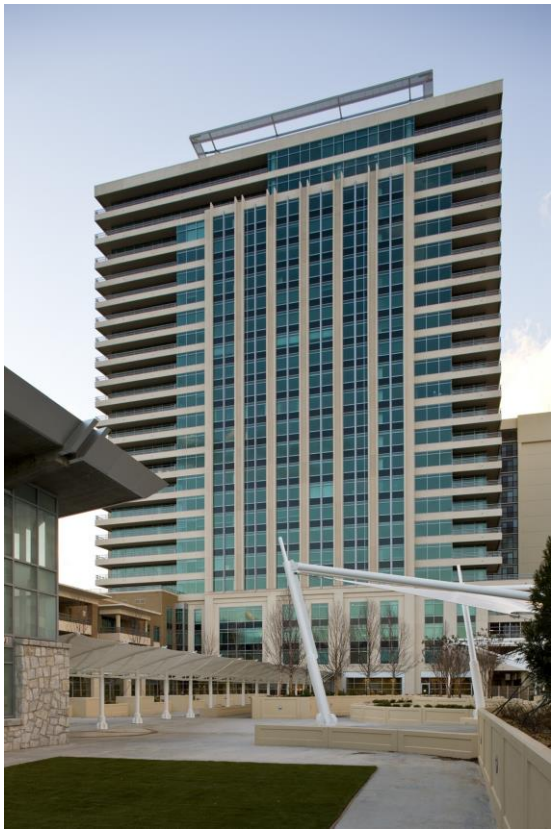
The regenerated community centre is also open to public; which provides a lot of opportunity to engage with the local community and to widen social networks. The design is very appealing and inviting; whilst creating a 'village centre' in the suburbs. An open dining area, rather than a canteen, creates an environment which enhances interconnections.

The interiors were designed in such way to give the scheme a *brand identity*, and to create a distinctive theme – unlike many generic retirement housing schemes in the UK. The *Harvest Table and Village Commons* looks, and certainly feels like a real restaurant rather than an age-segregated facility. The character of the space is very distinctive; low level 'mood' lighting, diner type furniture, materiality and finishes truly depict an authentic aesthetic. The restaurant comprises of brick pizza oven, steak house grill, multiple food stations including a craving station, salad, deli and entrée; a desert bar and a beverages bar. Furthermore, a variety of seating types such as bar stools and booth bars, implemented into these spaces, are very uncommon in retirement housing schemes. Such innovative responses to the design of collective models of living, challenges many developers to invest in originality.

Case study 3: Lenbrook, Atlanta

THW Design | 2009 | Renovation + new build | Urban Location

Figure 12: Approach to building, below
Figure 13: Aerial view, top right
Figure 14: Site plan, bottom right



A total of 367 residences are now available at Lenbrook, after the renovation of the existing building, and a new build 24 storey tower; comprising of a mixture of apartments; independent living, personal care, and skill care residences. The scheme also consists of a new three storey *garden east wing* with residences, and a landscaped plaza promoting outdoor activities. The outdoor space and rooms allow for multi-generational blends as they are open to the public.

The modern structure of the Lenbrook tower appropriately blends in with the urban context. It is almost a mixed-use development, as in addition to residential use, it contains a chapel, billiards room, wellness centre, natatorium, 3 dining venues, tiered seating movie theatre, a library, workshops, and many more communal facilities. Although it is already located centrally, this scheme provides a whole city experience. Due to the growing demand of accommodation for elderly citizens in urban areas, this city dwelling provides many opportunities not only for the residents, but also to increase the city-living housing market.

Despite of the different healthcare needs, this facility allows families and friends in their retirement years, to age in place. It provides a broad mixture of elderly residents which are seeking a fashionable and city-community living.

Case study 4: Solund, Copenhagen

C.F. Moller Architects + Tredie Natur | 2022 | New build | Urban location
Figure 15: Approach to the complex
Figure 16: Approach from the street, top right
Figure 17: Semi-public landscape design, bottom right

The design of Solund, *"one of the largest and most forward-thinking residential nursing homes in Danish history,"* (Moller, 2016) is a mixed generation complex which is due to play a great role in an urban context. It comprises of 360 nursing home units, 150 youth homes, 20 independent living apartments and a day care institution. It draws far away from UK's concept of nursing homes, and shows excellence in all aspects of other residential models for the ageing population.

This project will become a central hub for urban activity; comprising of many building uses, and incorporating a variety of communal facilities. Residents of all age groups are accommodated together in order to simultaneously help each other. Not only does it increase the opportunity to create mixed-generational interactions, but provides a diverse environment beneficial to the city community.

These 'houses of generations' are designed to allow for personalisation by the residents; which contributes to a quicker adaptation process, particularly in the older age group. All private living spaces are gathered around a central kitchen and living room complex, constructing a 'home' environment. This further reinforces a mixed community theme, which diverts from a stereotypical, yet a common design approach to homes for the ageing population.

The concept of Extra Care:

How does gerontology affect today's design of collective models of living?

1.5

Conclusion:

Throughout history, models of geriatric homes have significantly evolved, and led to the establishment of the concept of extra care. Extra care housing is proven to respond successfully to the challenges in the later years, in addition to providing an environment that is suitable for all stages of old age. This model of housing for the ageing population meets not only the physical, but psychological needs of the elderly.

It is evident that the complexity of gerontology is causing deficiencies in the provision of dwellings for the elderly, creating a significant impact on the housing market. For many years architects have been responding to gerontology by providing homes which 'tick the boxes,' that specify general criteria, and minimise risks associated with health deterioration. However, this doesn't appear to be enough to meet the aspirations of today's baby boomers. 'Age appropriateness' no longer satisfies the customer and is becoming outdated. The fact that aspirations are just as vital as requirements, is becoming progressively acknowledged by designers, however it should also be appreciated by those who are in power of making those projects a reality.

New concepts of collective models of living have been emerging in the recent years, reinforcing that there is no particular answer to 'a good design.' However, there are many precedents around the world, some highlighted in the *case study* section, which successfully respond to the challenges and opportunities that arise from the fluctuating demographic patterns. And although there are some common ingredients to extra care models, there is a scope to implement an original approach.

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