

# PRoF Award abstract – Call 2015

## *GrACE* by Astor vzw

### 1. Research Outline

Acronym	GRACE // GReat Architecture and Care for Elderly
Project name in English	Pilot Project Astor Geel
Pitch (1 sentence)	“Living Apart Together” – floating care labels for a diverse life long home environment.
Executive summary (max. 10 lines)	
<p>Aging is not a disease. Therefore older people should not be treated as sick, nor should they being taken care of in an institutional, hospital like environment. With the Astor project we aim to create a home environment for older people with a diversified need of care where they can move, with the reassurance that they will not have to move again when their care demand changes. This will be achieved by assigning floating care labels to the different housing units. The innovation retrieved through the Astor project is threefold. First, the floating care labels and live long living approach initiate a new care vision. Second, as the architecture needs to follow this vision, a previously unexplored building concept will be proposed. Third, the project aims to work without subsidies, showing that good architecture pays off.</p>	

## 2. Cause and context of the research

The Astor project was initiated as a response to a call of the Flemish Government Architect (Vlaamse Bouwmeester) and the department of Welfare, Public Health and Family for pilot projects in care (Pilotprojecten zorg). They started the pilot projects back in 2012 to implement their mutual ambitions. With the pilot projects they aimed to give care a prominent place in society. They wanted to anchor care in the social fabric by optimally supporting people in their home care, by stimulating active participation, and by improving the social network. Each selected project had to be innovative in one-way or another, being it sustainability, care vision, societal relevance, ...

“Aging is not a disease,” that is the baseline of the Astor project. Therefore older people should not be treated as sick, nor should they being taken care of in an institutional, hospital like environment. Nowadays, many are forced to move to a residential care home when they are not capable to take care of themselves anymore. Couples are separated when they are not able to take care of one another. Moving is associated with discomfort and fear: fear to leave the familiar environment, fear to live in a group of unknowns, fear to lose control.

When dealing with this kind of disturbing changes the social and material environment can play a significant role to remain people’s well-being. Environmental gerontology researches which environmental elements influence older people’s well-being. According to Wahl and Oswald (2010) well-being is based on identity and autonomy.

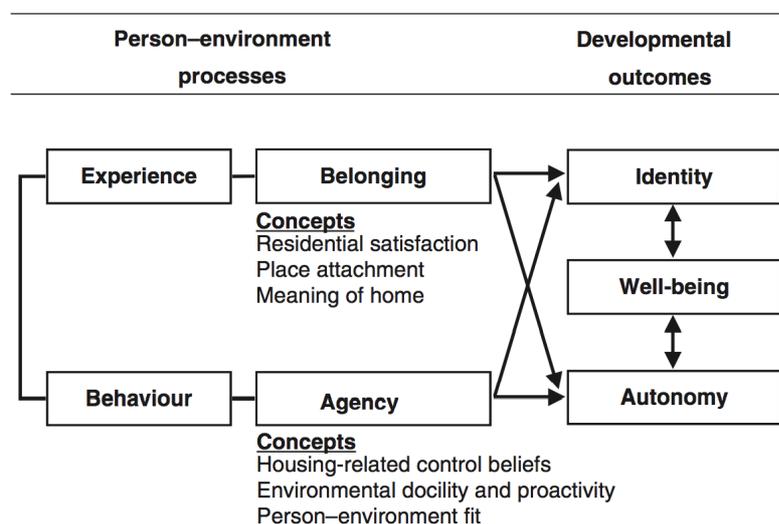


Figure 70: Conceptual framework of wellbeing in environmental gerontology<sup>8</sup>

All concepts in the schema can be applied on the environment as a whole, but also on the elements determining the environment. It is not just an ethical principle to take care of older people’s well-being, also from a societal and economical point of view this is a clear necessity. We believe that aiming for older people’s well-being reduces costs. Reinforcing people’s feeling of autonomy entails a reduction of the demand for (professional) care. By

integrating technical aspects of care, like lifting people, in the material environment, more time is left for social interaction that can add to older people's well-being.

We start from the concepts of belonging (based on experience) and agency (based on behavior) to show how a well thought through environment can add to well-being and reduce the cost of care.

#### *Belonging – Residential satisfaction – Place attachment – Meaning of home*

Being satisfied with one's own home is essential for everyone. The appreciation of the home plays an important role in older people's well-being. It is not just the house in itself that defines this, also the objects within, often kept for a long time, used and cherished play a key role. The emotional ties between people and the objects around them largely determined their satisfaction with the living environment. Being able to bring your own furniture and decoration to a new living place thus adds to the feeling of being at home. Obviously this can be complemented with new furniture supporting care when needed. Also being able to cook for yourself, or providing the possibility of relatives cooking for you, confirms this feeling of home.

#### *Agency – Housing-related control beliefs – Environmental docility and proactivity – Person-environment fit*

A flexible environment that can be adapted to residents' needs at each moment supports the feeling of well-being. Architecture is part of this. Adapting the built environment to the changing needs of the aging body is thus a key requirement. When people are forced to move because of an increased care need, this entails a loss of affection and implies an adaptation process. Despite reduced mobility and an increased need of care, older people still want to stay in charge of their life as long as possible. An environment where they, with or without help, can live independently adds to their feeling of self-determination.

### **3. Innovation results achieved**

The Astor project aims to solve many of the above-mentioned issues. By providing 5 buildings it will offer 190 care flats for older people in a spacious park. Ninety of those will be labeled as care beds (RVT label). Despite this differentiation, no distinction will be made between different gradations in the demand of care. Both those with a high need and those without will be able to live together.

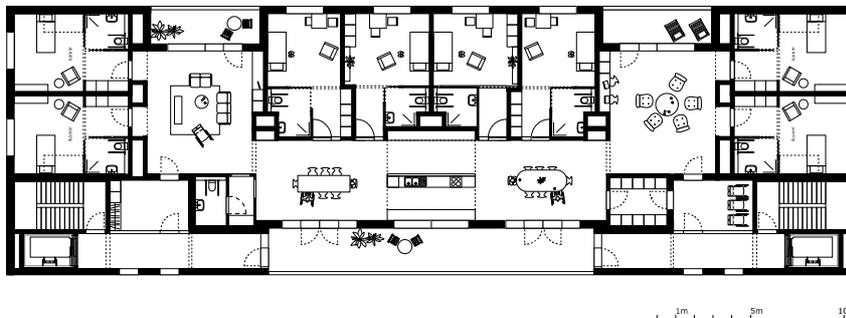
When an older person moves to Astor, (s)he does not move to a residential care home but to a private rental place. The main difference would be that here they are offered the care they need on personal demand. Once living at Astor, people do not have to move again when their need of care changes. The 90 "care beds" are floating, meaning that they can be assigned to any flat within the premises. Residents stay on control of their own life, being able to live together as a couple, bring their own furniture, and cook for themselves. Joining communal initiatives or get take out meals is optional. **For the patients of the psychiatric**

centre of OPZ, Astor provides flats for persons who used to live in the renowned family care system. A psychiatric patient can live individually in a flat, or with his foster-family as they have always lived. The 'foster parents' who have always taken care of their 'guest' can move in together even if their role as a carer becomes more difficult. People for whom, due to the advanced stage of dementia, it is not possible to live by themselves anymore, can move to a collective facility with 8 inhabitants which is situated in the same building. We also foresee a day care centre, administrative functions and extra services available for residents and people from the neighbourhood alike.

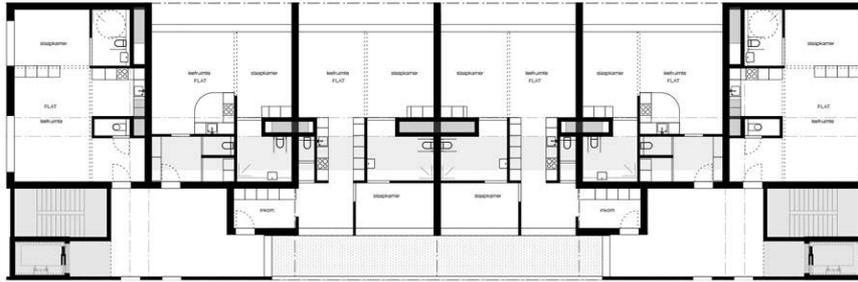
Explanation on the architecture based on illustrations :



*De bewoners worden gehuisvest in een reeks individuele flats. De zorg wordt 'aan huis' geleverd. Er is geen onderscheid tussen flats voor bewoners met een psychiatrische achtergrond, dementieproblematiek, een somatische zorgvraag of zonder zorg : We provide homes for every elderly person. Het woonzorgcentrum als gebouwd geheel verdampt tot een collectie van flats en groepswoningen. Deze configuratie vormt de basis waarbij Astor zelfzorg maximaal tracht te ondersteunen.*



*Een groepswoning voor 8 bewoners.*



*Een groepswoning kan omgebouwd worden tot individuele flats.*

*In een vergevorderd stadium van dementie kan de bewoner verhuizen naar een groepswoning voor 8 personen die zich in hetzelfde gebouw bevindt. Een groepswoning kan op lange termijn omgebouwd worden tot flats en vice versa.*



De bewoners en de omwonenden kunnen gebruik maken van diensten die zich in de plint van de gebouwen bevinden : brasserie, dagopvang, apotheek, etc. Al deze functies bevinden zich rond een centraal, stedelijk plein, wat aantakt op een parcours tussen het nabijgelegen stadscentrum en de sportvelden erbuiten.

The innovation achieved by the project is situated on different terrains:

#### *Care vision*

The context of the pilot projects provided the opportunity to slightly deviate from the conventional legal framework. The introduction of the “floating beds” means a revolution in care. Until now a license for a bed with a care label (RVT bed) was directly linked to the infrastructure. When the health condition of a resident with a light care profile deteriorated, and would thus qualify for a subsidy by the RIZIV, (s)he would have to move to a different

room with this care label. The Astor project received the permission to make this label flexible, it is not attached to a room or flat but to a person. This means people do not have to move when their care need increases. This way of thinking is now being tested, if it is found valuable, the approach could be expanded and someone living at home could maybe also receive the label and thus the subsidy to pay for personalized care. This would make a fundamental difference in the way we look at elderly care.

### *Finances*

The increase in the aging population put a large pressure on care infrastructure. The government, through VIPA (the organization giving support for care and welfare) will in the future not be able to subsidize all the needed projects. The question arose whether it would be possible to realize qualitative buildings without subsidies. The Astor project aims to prove that that it is possible to realize good quality without subsidies. **We want to do "More With Less"**. If this appears feasible this would be a very positive, not only for the care sector but also for architecture.

### *Architecture – Material Environment*

In the Astor project architecture is used as a catalyst for the care vision and financial aim. The choice of the site links the project to the urban fabric and supports social interaction. The project aims to support the well-being of its residents on each scale. The building provides a mix of flats for people with different care needs, group living, and public functions, thus reducing stigma. On the individual level, residents are stimulated to bring their personal belongings thus creating a continuation of their life rather than an abruption.

## **4. Link to the PRoF values**

### *Awareness*

As the main aim of the project is to provide older people with a qualitative living environment that optimally supports their physical and psychological well-being, Astor has a high awareness towards the users of the architecture. **We want to provide an individual home for elderly people where care comes on their demand. Creating good quality for every day life is the main goal, care is being delivered on the background.**

### *Comfort*

By realizing a flexible building concept where the provided care is optimally adapted to each resident, we aim to realize high personal comfort.

### *Safety*

As illustrated, place relatedness and belonging are essential to a feeling of safety for older people. Stimulating them to bring their own furniture and decoration to make their new flat a

home and limiting the moving to the absolute minimum, should avoid residents being in a vulnerable situation.

### *Privacy*

In the Astor project, older people do not move to a traditional residential care home. Instead of a room they rent an actual flat, where they can cook for themselves and receive their care in their home. This adds to people's feeling of privacy and belonging.

### *Loneliness*

Older people becoming lonely, is a realistic risk when they stay in their own house. In the Astor project, they have the choice; they can opt for the privacy of their own flat, but have all facilities of a care home within reach. A day service centre is situated at the ground floor and the entire environment is designed to attract people from the neighbourhood. People living at Astor thus take part in the community, being it active or passive.

### *Non-stigmatizing*

We aim for non-stigmatizing architecture. The buildings do not look like an institution but have the look and feel of an apartment building. By integrating the project in the urban fabric and providing other functions on the site we avoid that the project will be labeled as an "old people's institution."

### *Intergenerational*

Alhoewel de flats en de groepswoningen betrokken worden door ouderen, zijn ze ontworpen om alle generaties aan te spreken. Hierdoor wordt bezoek aangemoedigd. Kinderen en kleinkinderen kunnen koken, eten, strijken, etc. in de flat of de groepswoning. Gemeenschappelijk voorzien we functies die door iedereen gebruikt kunnen worden. Zo kan de entourage samen met de bewoners tuinieren in de volkstuinten, naar de brasserie gaan, samen wandelen, fietsen, e.d. We betrekken de volledige kring rond de bewoners zodat zelfzorg en mantelzorg maximaal ondersteund wordt.

### *Flexibility*

The implementation of the "floating beds" is the ultimate illustration of flexibility in care. By attaching the label to a person rather than a bed or a room, people will have the free choice to live where they want. On an architectural level, the building is conceived on a flexible structure allowing different compositions for one, two or three residents or even a group living within the same building.

## **5. Applicable IPR rules**

De vzw Astor behoudt alle auteursrechten over het project. Er mag geen tekst of beeldmateriaal gebruikt worden zonder schriftelijke toestemming en bronvermelding van beide partijen.

## 6. Information on the partners

Astor VZW is een initiatief van dr. Vic Van den Bergh en arch. Michiel Verhaegen. De vzw werd opgericht i.f.v. het pilootproject zorg en beschikt over 90 plaatsen voor bewoners van het woonzorgcentrum.

'Medisch Pedagogisch Instituut (MPI) Oosterlo' is een dienstverleningscentrum voor personen met een verstandelijke handicap. Hun infrastructuur bevindt zich verspreid in Oosterlo-dorp en Geel-centrum. Het MPI is mede-initiatiefnemer voor het pilootproject zorg en voegt 30 plaatsen voor ouder wordende personen met een zware mentale en fysieke handicap toe.

The 'Openbaar Psychiatrisch Zorgcentrum (OPZ) – Geel' is an integrated psychiatric centre. The OPZ helps every human being in need of psychiatric care, regardless of his/her gender, background and beliefs. Het OPZ is mede-initiatiefnemer voor het pilootproject zorg en vraagt 50 tijdelijke plaatsen voor oudere patiënten met een chronische problemen.

## References

Wahl, H.-W., Oswald, F., 2010. Environmental Perspectives on Ageing, in: Dannefer, D., Phillipson, C. (Eds.), The SAGE Handbook of Social Gerontology. SAGE Publications Ltd, 1 Oliver's Yard, 55 City Road, London EC1Y 1SP United Kingdom.



## **Addendum: Contact information**