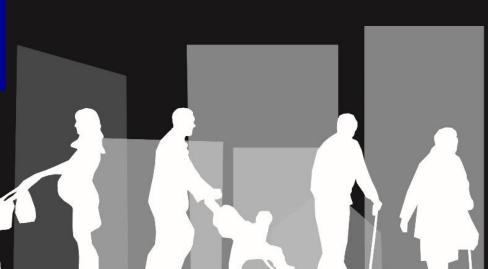
Rethinking the Design of Care Homes for Inclusion, Quality of Life, and Resilience

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Introduction





TrinityHaus: People-Centred Design of the Built Environment

■ Menu Home

Research Areas

Resources

Gaeilge

Welcome to Trinity Haus The **built environment** greatly affects health, inclusion, sustainability and climate change. These issues are deeply embedded and connected within our buildings, neighbourhoods, towns, and cities, and they require integrated and people-centred research and design

solutions.

TrinityHaus responds to these challenges through transdisciplinary research and co-creation across multiple sectors and spatial scales. From housing to health care settings, and from building materials to urban design, our projects focus on the role and impact of the built environment in creating low-carbon, resilient, healthful, and inclusive communities.

EXPLORE

Connected research areas: Co-creation to connect people, places, environment and planet

Research Areas



Healthy and Inclusive Places

Wellbeing and inclusion across the life-course



Climate Action and Sustainability

Climate responsiveness and sustainable energy systems



Construction Innovation

Innovative materials, structures & techniques



Co-Creation and Engagement

Working together for inclusion, knowledge, and just transition

Current Research - integrated approaches to ageing + place; role of the built environment in supporting health + well-being













Challenges & Opportunities

Inadequate engagement & co-creation with older people

Inaccessible unhealthy existing housing

Fragmented approach to housing, supported housing & long-term care models

Lack of intergenerational engagement a silo/age - segregated approach (overall lack of community engagement

Lack of community driven models, & insufficient alternative financing models

Lack of adjacent health services (e.g. GP) & community-based services.

Housing & neighbourhood Fragmentation, poor-

Fragmentation, poor-quality environments, global crises

Poor outcomes for older people: ill-health, disability, loneliness, & lack of intergenerational engagement

COVID-19 and impacts from climate change & high energy costs

Disconnect between wider spatial planning & housing or residential settings for older people

Inaccessible public realm, excessive travel distances, air & noise pollution, high traffic volumes & speed, lack of safe/accessible active travel

Using multiple frameworks to bring people together & identify synergies Healthy cities (WHO)

Age-friendly cities (WHO & AFI)

Design for climate mitigation & - - - adaptation

Brain healthy communities (GBHI)

ISO - Dementia inclusive communities

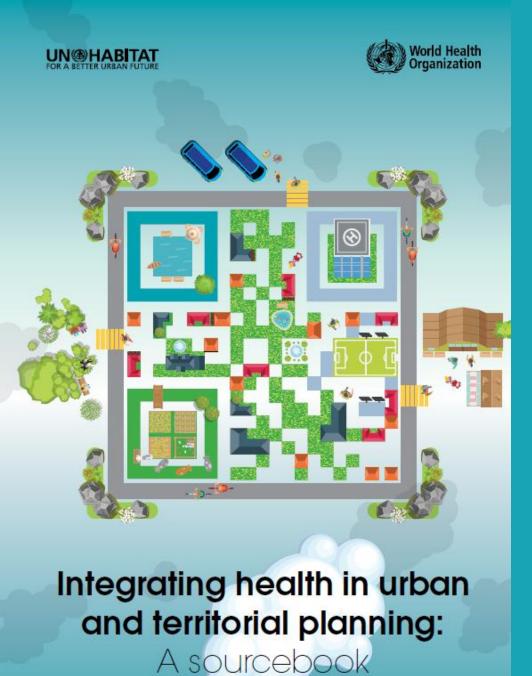
15-minute cities

ISO Multigenerational Neighbourhoods

Key Issues



Planning and Design

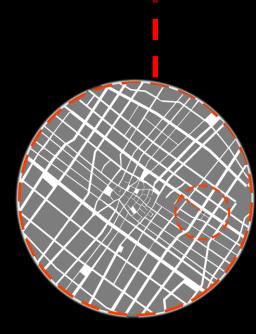


Neighbourhood as critical urban scale

"Neighbourhoods are the building blocks of towns and cities. People live most of their lives in their local neighbourhood and for some, e.g. children and older people, the neighbourhood is even more significant. Both in terms of people's health and the health of the planet, if we are unable to make neighbourhoods healthy and sustainable places, then we will not have healthy and sustainable cities."



Location & Integration with community



Proximity to a person's home community

- Retaining a sense of home, familiarity and connectness
- Staying close to family, neighbours, friends in term of outward & inward visiting
- Keeping contact with local familiar and favourite places
- Christie (2020) argues that a "sense of connectedness" is critical for resilience, therefore, proximity to a person's home community may be a critical factor in supporting and helping older people adapt to adversity.

Located close to community spaces, services, and amenities

- Located within the heart of the community to facilitate greater engagement and connection to the community (residents going out / locals coming in)
- Easy access by public transport, wheeling, walking, & cycling (e.g. think about the
 potential of Trishaws [see www.cyclingwithoutage.ie] not only as an amenity but
 also for taking residents to visit family, a match, or to their GP but what kind of
 cycling infrastructure is required for this?)

2019 Housing Options for our Ageing Population – Policy Statement – Action 4.12, calls for planning guidelines to ensure residential care homes and primary care centres are appropriately designed and located in areas with access to transport amenities (Government of Ireland, 2019)

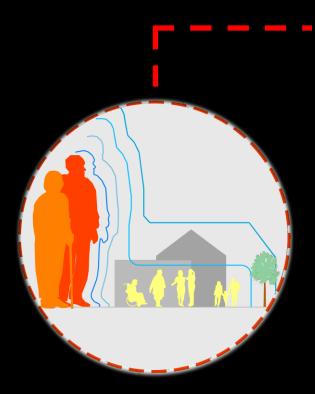
"Homes within the community not on the outskirts of towns away from amenities that some residents may be able to access themselves, such as shops, libraries and theatres" (TrinityHaus Online consultation)

Models of care

Care informing design /design informing care



Household models (with typically, less than 12 residents) have been shown to improve quality of life. These can be part of a larger setting, generally the key issue revolves around how a setting is broken down into smaller units as opposed to the size of the overall setting (see scale and size later).



There are a few models of care that share this household/ domestic/ smaller scale approach, examples include:

The Teaghlach model: developed in Ireland to promote a model of care that better resembles the older person's home life. Follows a person-centred approach to support a more domestic lifestyle. One recommendation of this model is to divide the care facility into individual domestic-style units.

Butterfly care model: developed in the UK in the 1990s, focuses on putting people before tasks and creating a homelike environment in dementia facilities.

The Green House: developed in the US, a small-scale nursing home model composed of households with 10 to 12 beds, home-like features, and assignment of 'universal caregivers' who have a range of duties including personal care, meal preparation, housekeeping, laundry, and other activities.



The Village,
Drogheda:
3 households



St Josephs, Dublin: 6 households



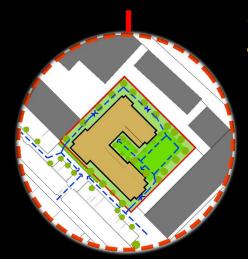
Carebright, Bruff,
Limerick: 3 households
contained in 3 individual
bungalows



Are there challenges with household models?

Is there an optimum, or maximum number of household units than can comfortably occupy the same site?

Site Design



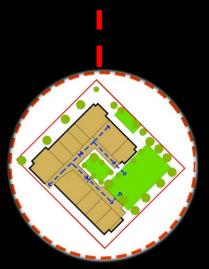
Site design: a connected, welcoming, accessible & pleasant setting with good contact with nature

- High quality outdoor spaces provide contact with nature, fresh air, sunlight, outdoor exercise and support a range of other important quality of life issues
- Lower infection risk association with outdoor spaces for group activity and social interaction makes these spaces critical for pandemic resilience.
- A site layout and boundaries that allow residents to 'watch the world go by' from their bedroom, sitting rooms, balconies, verandas, or from a garden can provide interest for residents and help them connect to the community
- External vegetation can play an important role on in providing shelter and shade to the building (e.g. helping to moderate excessive heat gain)





Overall building configuration and number of floors



- Breaking the overall building into smaller units (i.e. households) to create a more human scale setting and help with legibility and navigation.
- Minimising double-loaded corridors and maximising light, views, and external access from the main internal circulation areas.
- Providing multiple access points (possibly for each household) and providing good direct access to outside spaces.
- Providing good internal walking routes with resting areas, points of interest, and easy access to outside.
- In multi-storey buildings ensure direct access to outdoor spaces on the upper floors (see outdoor spaces later)

Care home Haven Bay, Kinsale Cork

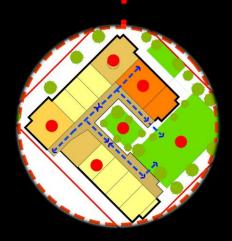
Care home Pennemes, Zaandam, the Netherlands

How does the number of floors influence a setting?





Key internal spaces



Shared living, kitchen dining areas

- Household models typically provide a central, shared, spacious communal area composed of a living area, open kitchen and dining area.
- These common living areas often have direct access to a dedicated outdoor space (e.g. garden or courtyard)

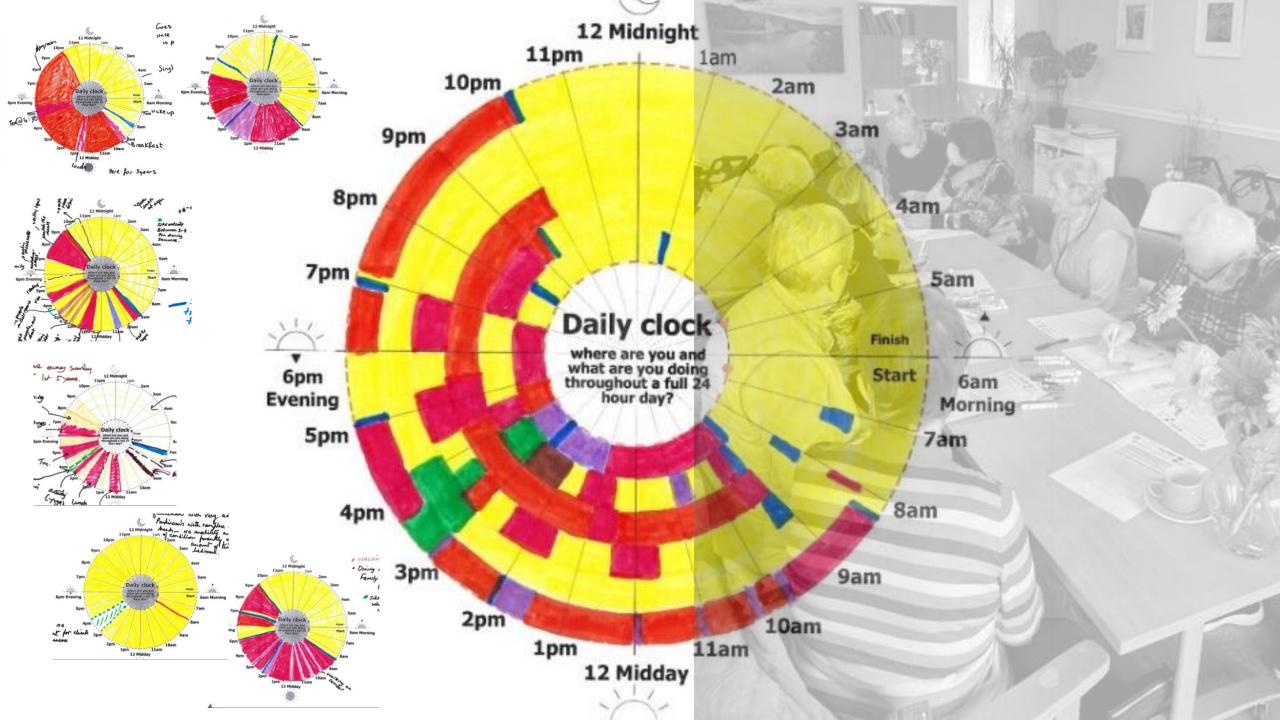
Are there any challenges with the use or management of these central spaces?

Bedrooms

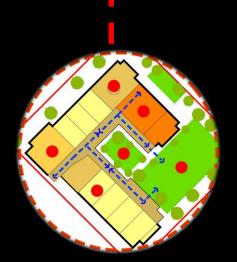
- Spacious single bedrooms with private ensuite bathrooms
- Bedrooms provided with large windows with good views to the outside and ideally a small private outdoor space in the form of a terrace or balcony







Outdoor space: gardens, roof terraces, and balconies



- Well-designed outdoor space provides multiple benefits including access to fresh air, daylight, and views, contact with nature and, provide safe space to socialise, carry out activities or meet visitors
- Well-designed roof terraces or balconies can provide many of the same benefits as a ground level garden
- These spaces become even more important if a resident is located on an upper floor or is unable to travel to, or access a ground level garden due to illness, frailty, delirium, or infection control.

Are there shelter or safety issues associated with roof terraces or balconies?





Wrap Up



The built environment and the "materiality of care"

- Care is embodied and interdependent
- Care happens on a spectrum of caregiving and care receiving
- Care operates at multiple spatial scales there is 'an ecology of care' (Tronto, Bowlby, et al.)
- Care is 'placed' within buildings, cities. (Bowlby et. al 2022 'caringscapes')
- Care depends on "accessibility" in terms of location and how the built environment "shapes people's capacities"
- Care depends on places to remain supportive or conducive to care through time through adaptability or durability.
- Place-attachment and continuities of fabric and place that help us stay connected
- Care and the impacts of the built environment on the wellbeing of future generations (Davis, 2022, The Caring City: Ethics of Urban Design)





Thank you!
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