

WHY NOT ASK THE

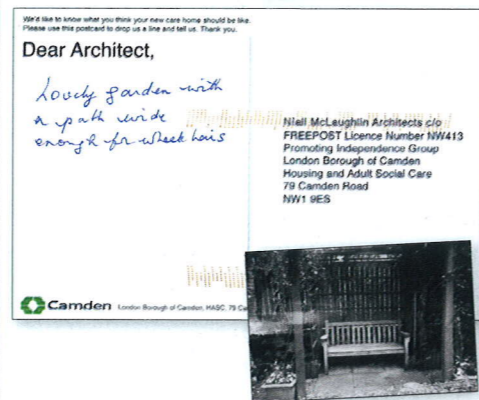
Why is it that as we get older our opinion is sought less often? Like children, other people know what's best for the elderly and money is usually a prime consideration when it comes to communal residential accommodation. But as growing numbers of baby-boomers approach old age, **Niall McLaughlin** suggests there's a better way

OLD FOLKS?

GROWING OLD INVOLVES a gradual erosion of physical and cognitive range. None of us will have an identical experience but the trend will be the same. As the result of a slow diminution in our ability to function at optimum capacity we tend to aim to retire from work sometime between 60 and 70. Depending on wealth, health and lifespan, the time after retirement can be divided into two distinct phases; one where we are able to independently explore leisure interests and another, later phase where we grow increasingly incapable of functioning completely without some form of help.

The requirement for the provision of assistance is a watershed in our life story. We are no longer fully self-determined individuals and we move into another class. We become 'older people' (once 'the elderly') and depend on family or public assistance to get through the day. Those who have the money or close family support can continue to live in their own homes and nurture an increasingly fragile independence. But many will not have this support, and public or private organisations will take responsibility for their accommodation, safety and wellbeing. While architects sometimes design private houses for older individuals, homes for older people refers to more common collective provision. Along with schools, the building type belongs in that category where people are brought together as a community defined by age.

The idea of the old folks home, often associated with loss of choice, oppressive seclusion and the erosion of dignity, haunts the popular imagination. It belongs to that group of 20th century institutions where care once provided within the tight bounds of family and community is exported to abstract organisations. I saw a picture in a Sunday



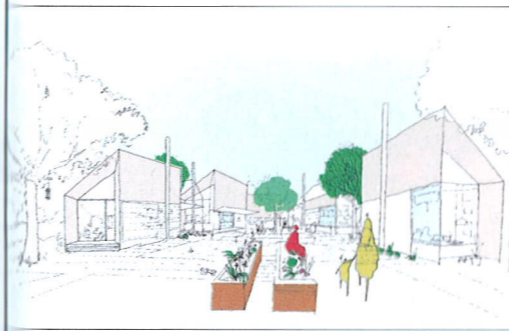
ABOVE: McLaughlin's picture postcards invited responses from care home residents in Camden.

RIGHT: McLaughlin's Alzheimer's Respite Centre in Dublin.

supplement recently; a loose straggle of older people sitting in a circle, most gazing at the ceiling. A large sign on the wall read 'This is Eastbourne. It is Tuesday. It is raining! While such dystopian examples may not be the norm, they point to an anxiety we all hold about being subjected to a managed instrumental order as we grow increasingly helpless. I know few older people who look forward to or celebrate their transition to organised residential care.

It is undisputed that the provision of care for older people will become an increasingly large task for society. People born during the post-war baby boom are now ageing. We are living longer and the informal networks that support communities have eroded. Countries like Sweden have developed sophisticated ways of providing publicly funded care at home for all but the most fragile and the UK may follow suit. But at the moment, there is a large requirement for collective residential care provided by local authorities, housing associations and private providers. My own experience of dealing with public consultation in the aging population suggests that the

BELOW: Design study for homes for older people in Camden.



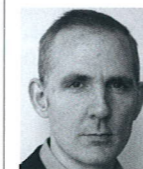
nature of the care provided will change. Most older people needing care are over 75. Today, they will have been born before 1940 and they belong to a generation who valued state provision of care and are often touchingly grateful for it. The next generation of post-war babies have very different attitudes. They have a far stronger sense of their rights and individual entitlements. They are more willing to question the status quo. When we undertook public consultations in London for those in publicly funded residential care and others who anticipated they might be in the future, there was a marked contrast between generations. The prospect of an articulate cohort of older people, highly aware of their rights and competing for increasingly scarce provision, suggests the issue will move towards the forefront of public debate.

At the heart of any provision of care is the relationship between the person receiving care and their carer or caring community. The way in which this social bond is constituted will have a profound impact on the sense of dignity and happiness of the individual receiving care. Social modernism tends to lead to abstract and collective provision in managed environments. This guarantees a minimum standard but risks depersonalisation of the individual. It is a kind of Ryanair for the older person. The challenge now is how to reconstitute the social bonds between older people and a caring community so that individual identity is sustained, even developed, in the face of physical and cognitive decline. This must be achieved in the context of diminishing resources.

For the architect practising today, this wider problem is crystallised at the level of the individual building. The wellbeing of older people in residential settings is legislated

for through regulation, guidelines and minimum space standards. Local authorities subcontract their responsibilities to private organisations. In doing this, they manage the relationship between the individual and the provider through highly complex systems of procurement. When advising local authorities, I have attended design reviews on homes for older people where 80% of the consultants were accountants, solicitors or management consultants. The challenge for the designer here is the absence of the interpersonal relationship between the true community of building users and its architect. Older people requiring care in a communal residential setting have a greater need to communicate their individual desires than most other building users. The architect needs to understand how the caring community constitutes itself and how the space it makes can be framed by the built form.

Our practice does this through consultations with residents in extra care, residential and respite care buildings. Our designers get immersed in the care homes, even staying overnight sometimes. We set up individual



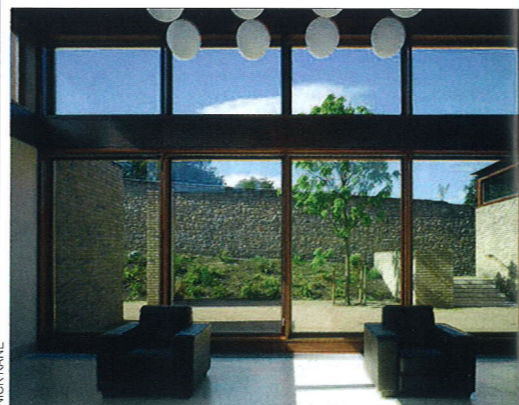
'I have attended design reviews on homes for older people where 80% of the consultants were accountants, solicitors or management consultants'

and communal discussions with the design team, residents and carers. This includes discussions with people at various stages of dementia. For example, in our work with older people in Camden, we gave stamped postcards to residents that they sent back addressed to 'Dear Architect'. Their responses were demanding, challenging and often moving. This process helped us understand the fragility of the setting and our responsibility for each client and carer, both individually and as a group.

For us the quality of the idea is manifest in the design. After some soul searching, we chose to avoid any forced homeliness in our proposals for the Alzheimer's Respite Centre. The architectural ideas owed much to Mies van der Rohe, Barragan and Schindler. Our clients – the residents and carers – wanted light, space, free circulation and gardens. They liked the building's airiness and its difference from their familiar homes. Dementia sufferers often wander compulsively. Our design incorporated looping routes to accommodate this. In fact, our clients wandered far less in the new building, perhaps because they were less agitated by their surroundings.

General national indicators, like the RIBA Awards for example, suggest a low level of design quality in homes for older people (only Richard Murphy's out of 93 this year). This may be related to the overextended relationship between the designer and the user brought about by abstract commissioning processes motivated by low cost and low risk. The emerging generation of older people will want high standards and, as confident consumers, they will expect interesting designs. This articulate group should demand to see the whites of their architect's eyes. I would like to see new collaborative projects set up between innovative designers and older people, who bring the wisdom of lived experience. Given the expanding need, it would be wonderful if good architects took up the challenge. ■

Niall McLaughlin is principal of Niall McLaughlin Architects. Its Alzheimer's Respite Centre in Dublin won an RIBA European Award, The AAI Special Award as runner up for Building of the Year, and the RIAI Award for Best Health and Leisure Building. The practice worked on an extensive public consultation with Camden Council on



NICK KANE