

## SUMMARY REPORT

**Colloquium: Homes for an Ageing Population**  
**Tuesday 30<sup>th</sup> May 2006 (2-5pm)**  
**Bakehouse Close, Canongate, Edinburgh**



Architecture+DesignScotland  
Ailtearachd is Dealbhadh na h-Alba

### Introduction

'Homes for an Ageing Population' was the second in a series of A+DS colloquia addressing key design issues. This event (and its subsequent report) forms part of the Scottish Executive's consultation programme 'Age and Experience: Consultation on the Strategy for a Scotland with an Ageing Population'. It was held on 30th May 2006 and was attended by an invited multi-disciplinary audience of some 30 professionals.

Following an introduction from the Chair **Margaret Hickish** (an A+DS Advisory Board Member and Group Leader of Buro Happold's Disability Design Consultancy), the event began with presentations by **Professor June Andrews** (University of Stirling) and **Richard Pollock** (Burnett Pollock Associates). Their remit was to share some thoughts on the challenges and opportunities in housing associated with an ageing population in Scotland.

The two speakers prepared a joint Trigger Paper in advance of the colloquium which considered the question; '*What should be done to make sure that our houses and homes are suitable for an ageing population?*' and provides a useful introduction to the subject matter.

### Trigger Paper

It should go without saying that, as Scotland moves towards a population of many more older (and fewer younger) people, building houses and homes should entail looking at the needs and aspirations of older people (which - for the purpose of this paper - includes anyone over fifty).

Older people at times are thought of as a drain on our society. Their needs are seen as a burden that has to be met, often by younger people. But now we are living in a time when there are differing views of what it is to be 'older'. It would appear that people are financially, socially and physically active later and later and have aspirations that would have not been common in previous generations. The 'older' are apparently getting 'younger'.

Working on the assumption that older people want the same things from their houses and homes as other cross sections of society, the key question would be; "*What special needs do older people have, that would get in the way of their aspirations?*"

When you ask an older person how they feel, they often say that they feel and think the way they did twenty or thirty years ago, and then get a shock when they see themselves in the mirror, or realise how old their children have become. An older person sometimes experiences financial constraints for the first time, or isolation, when the human interaction that came from children and work declines. With very old age, a number of physiological changes that affect activities of daily living may take place eg. reduction in eyesight, hearing, mobility, strength and/or stamina. Changes also occur in our sleeping patterns, appetite and/or tolerance for alcohol.

There is a difference between chronological age and physiological age. Someone who has smoked and drunk to excess, worked in adverse conditions and not taken exercise or eaten good food may look and feel older than people of the same age. Sometimes it's genetic. The biggest difference between people is not their age, or even their state of health, but their capacity to compensate for it. That capacity can be boosted by their income and social skills.

Their capacity can also be improved by the right sort of housing. The work of those who study older people is to tell designers and architects what happens to the bodies and minds of people as they age, and to add their research to the voices of older people who tell us what happens. Then it is for the designers and architects to use their skills and experience to design the answers.

To us, it seems very obvious. For those who cannot see well, make everything clearer and make the best of natural and artificial light. The older eye does not easily distinguish colours, but contrast is still useful. For those who cannot hear well, make designs that reduce extraneous noise. For those who cannot move swiftly, make necessary functions simple with bathrooms and toilets designed for easy access and comfort. And make it beautiful. Let there be gardens and places to sit outside, and convenient places to gather and meet.

And then ask yourself, given that most of this does not cost any more than the ordinary way of doing things, why not make all houses like this, so that we can stop thinking about how old people are?

For the very, very frail and people with dementia who need special care, there is specialist knowledge about buildings. But for 'older people' like us, we should start with the basics and ask a few key questions.

- *What are the good and bad points about the housing stock already built?*
- *What are the good and bad points about the housing now being built?*
- *What do we need to change to meet the aspirations of the increasing number of older people?*

### **Presentation by Professor June Andrews**

Professor Andrews is the Director of the University of Stirling's Dementia Services Development Centre which aims to improve the understanding of dementia and offers consultancy, innovation, training and research services. She is qualified as a psychiatric and general trained nurse and was the Scottish Secretary of the Royal College of Nursing. The summary points of her presentation are set out below:

>>Statistics show that if you reach 90 years of age, you have a 1 in 3 chance of developing dementia. While this may seem daunting, it is sobering to reflect that living to such an age means that you did not die in the war or suffer some industrial accident but instead lived long enough for your brain to simply wear out.

In Scotland there are approximately 67,000 dementia sufferers. Treatment of the condition, however, absorbs more government funding than cancer, heart disease and stroke combined. Coping with the wide-ranging needs of people with dementia is not always well managed and consequently imposes a hugely disproportionate economic burden. People with dementia tend to remain in the hospital system longer and therefore increase the burden on Scotland's acute hospital services. There are fewer than 2,000 younger people with dementia. Some of those have alcohol related brain damage and, of course, have very different needs from most elderly patients.

The usual diagnosis of dementia starts with registering signs of impaired memory; the issue is not so much about forgetting the telephone number, for example, but actually forgetting what the phone itself is for. Concurrent illnesses simply compound the problem. We should remember that our needs change as we get older. For example, our hearing starts to fade, our eyesight becomes less acute, our capacity to distinguish between colours diminishes, as does our ability to cope with change *per se*. Dementia just makes those things more difficult to deal with.

There are important issues about the design of homes (and hospitals or other public buildings) which impact on our ability to cope with dementia. Old age is a journey where potentially anything can go wrong, but institutional care itself can often make things worse. Hospitals can be dangerous places for people with dementia; the environment is confusing, you give up your daily routine, you lose all sense of time, become dehydrated, and often end up even more confused.

Elderly people are not built for speed; they tend to move more slowly. The pace of people with dementia, however, can even vary dependent on the type of floor finish; self-coloured carpets, for example, encourage unhindered mobility whereas patterned carpets can disorientate and slow people down. Shiny surfaces often evoke a fear of falling because they look slippery.

Incidents involving bodily functions often spark the decision to initiate care arrangements or seek a place in a registered home. The problem of being continent or incontinent can result in the nagging fear of not getting to a toilet in time and thus creates further stress. However, the relationship between the bedroom and ensuite facilities can be organized so that the toilet is visible from the bed itself and this can reduce anxiety and reduce episodes of incontinence.

Population demographics illustrate significant changes in Scottish society and confirm our suspicion about an increasingly aged population. So what should we consider now for the future? Just what is dementia-friendly design?

Open plan layouts, for example, encourage visual connection between different rooms and therefore avoid potential confusion. Kitchen cupboards with glass-fronted doors ensure that everything is visible and can reduce confusion and anxiety levels. Personal items ('stuff') left in view can provide valuable orientation markers within the home. This approach of course runs contrary to current property marketing publicity trends which seem to suggest that our homes are now completely devoid of 'stuff'. Light is very important, but we need to be able to control stimuli to allow peace when required.

### *Conclusion*

Old people are just ourselves, but with some impairment of eyesight, or hearing, or mobility, and a varied capacity to cope with the impairment. What design and architecture must do is include all the features that we know from research and experience will help the building to last the lifetime of the person living there by meeting their changing needs.<<

### **Presentation by Richard Pollock**

Richard Pollock is a partner in the architectural and planning consultancy Burnett Pollock Associates. Launched in 1974, this Edinburgh-based practice has established both design and research expertise in sustainable development, specialised care accommodation, assistive technology for the disabled and design for dementia. The summary points of his presentation are set out below:

>>Our focus is on housing but we need to adopt a wide-ranging approach, looking at housing in the context of its infrastructure. We also need to be challenging, throw mud at the walls and take an uninhibited critical point of view, if we are to test our ideas and develop our strategies for the design of housing suitable for older people. Designing to accommodate old age is an expansive field but impacts on everyone not just older people; for example, what does the young footballer Wayne Rooney make of the shortcomings of his new palace as he hobbles about on crutches at home?

As a rough simplification, the housing sector can be divided into either bought or rented properties that are located in either urban or rural areas. It further subdivides into three categories that can be classified as; independent, inter-dependent and dependent. The dependent sector consists of places/residences which offer organised 24-hour support such as care homes, hospices, long-stay hospitals, etc. Inter-dependent homes enjoy a degree of neighbourhood or community support and care when needed. They tend to be flexible and person orientated.

The independent category represents the normal stand-alone range of houses and homes. The dependent category suffers various shortcomings in design but there are definite links between housing and healthcare which tend to get neglected, particularly in rural settings.

Private developers, however, are not generally particularly interested in the inter-dependent sector because of their focus on economies of scale and the need to deal with exorbitant land values. The larger scale private independent sector appears to offer little choice and the resultant developments of 'titled' estates of mass housing tend to stand apart as an intrusion within our cities' urban fabric. Using Edinburgh as an example, a number of recent developments promise sizable new residential districts but make little or no connection into existing communities. This explicit segregation of our cities may lead to a ghetto mentality. Are we repeating the mistakes of the 1960's and is this a sustainable approach to design? We should also be asking why are there so many new-build flats ringed by nothing more than wheelie bins and/or parking bays? Is any of this shoebox/battery hen housing suitable or appropriate for older people?

We need to consider housing at the scale of the 'Home' rather than the 'Executive Motel'. In the public sector, Housing Associations tend to produce better housing but large scale buildings for say 80 units remain much more business-efficient than building lots of individual 4-person homes. Associations used to have housing development officers now they have asset management directors. Local community associations were originally set up to deal with mass housing estates but is this approach likely to produce the wide range of design options which we now need?

Any consideration of how to design for an ageing population begs a number of questions. What should be done to make sure that our houses and homes are suitable for an ageing population? Just what types of houses are appropriate? What is the attraction of living in the countryside? Is it related to a perceived improvement in the quality of life? Why do couples/families have to split up? How do we cope with the escalation of one-person homes? Is single independent living the answer to everything?

Help the Aged published a useful document back in 1999 entitled 'Our Future Home', which set out a number of key parameters which remain pertinent including:

- Keeping it local
- Using universal designs
- Promoting universal services
- Information and the customer ethos
- Respecting diversity
- Promoting independent living
- Promoting integrated environments
- Rejecting residential care
- Offering security
- Reaching higher standards
- Speedy responses

What has happened to traditional room forms such as parlours, sculleries, pantries and drawing rooms? So-called Reception Rooms today are hardly suitable even for intimate parties. How do we cater for home or satellite working or hobbies? Current space standards produced by house-builders demand minimal clutter but offer little versatility. The size of rooms on offer seems to be shrinking and yet we are told (by a prominent national house-builder) that: *"Over 40% of young people age 20-24 still live at home and with student fees on the increase the trend of so called 'chadults' returning to the family nest looks set to continue. This combined with families often also having to house younger children and grandparents, means the modern home now has to be more versatile than ever."*

There are a range of measures which we could undertake to improve design. Our homes need a range of public and private rooms to ensure a more flexible layout which also accommodates future re-cycling needs. Fossil fuel heating is being sold as an asset and yet costs are starting to escalate at an alarming rate. We could incorporate lifts as standard (or at least design blocks to facilitate their later installation) and set aside land for allotments. We could provide balconies large enough to sit out on but avoid mesh decks which allow spilled beverages to cascade down to your neighbours below. We could plant different tree species to differentiate individual entrances. What are the new and future 'mod cons' that we need to replace the tired gas central heating and en-suite shower cubicle?

Simple things such as additional electrical sockets have been an issue for the past 20 years but this is about the only change being made to the new NHBC standards. Little progress has been made and many developers lack vision which represents yet another lost opportunity to move house design forward. At the moment the answer to waste management is the pokey bin store whereas what is needed is proper provision in the home for recycling.

Rural living throws up a variety of specific challenges but presents a number of opportunities including imaginative solutions to the provision of small-scale, local, low key care and support along the lines of residential care but not based on the inappropriate 'Executive Motel' model. For example, we could ensure that all communities (even rural) are provided with wireless coverage. Certainly, we need to address the problem of 'Mock Villa Spread' that now blights the outskirts of so many towns and villages.

#### *Conclusion*

We should always learn from the better residential examples, either in Scotland or abroad. 'Lifetime Homes' has to be the minimum standard for homes for older (and preferably all) people. Our ambition should be to build adult-sized houses with all 'mod-cons' in a well provided for, stimulating and beautiful environment.<<

#### **Breakout Sessions**

Following the presentations, the attendees divided into four groups to discuss the opportunities and constraints associated with designing homes for an ageing population. After an hour, the groups reconvened and reported back to the Chair on the points raised. These are summed up as follows:

#### **What are the good points about our existing housing stock?**

1. Choice in terms of age, location, size etc is extensive, so there should be something to suit everyone.
2. Older housing stock has enabled the population to mature into more diverse communities.
3. The previous Parker Morris space standards produced more flexible house types with larger rooms, more storage provision and better accessibility e.g space around beds.
4. Local housing authorities often ensured that their social housing was built to good space standards.
5. Tenement flats usually had generous accommodation and wider doorframes making them readily adaptable.
6. Tenement developments generated sufficient density to support local shops and services.
7. When shared back greens are maintained, they are often very pleasant, much-used, sociable spaces.

8. High-rise flats can suit older residents provided lifts are maintained and proper concierge services are on-hand to reduce intimidating anti-social behaviour.

9. Scotland offers some exemplary models of how to integrate a mix of house types and sizes within a coherent urban design framework and demonstrates how to exploit topography to enable multi-point access to high-density housing.

### **What are the bad points about our existing housing stock?**

1. Most desirable locations have become prohibitively expensive.
2. High maintenance costs and poor insulation can result in expensive outgoings.
3. Sub-urban estates have created mono-cultural settlements and cul-de-sac layouts are not pedestrian-friendly.
4. Low density has resulted in considerable distances to shared facilities and public transport.
5. The introduction of the 'Right To Buy' legislation has reduced the availability of affordable housing for those in need.
6. The lack of lifts in most multi-unit buildings has reduced accessibility and in certain circumstances common stairs can be intimidating.
7. Communal garden ground is often not maintained (especially by HMO landlords).
8. Danger of creating aged ghettos, if tenant mix is not controlled.

### **What are the good points about the housing now being built?**

1. Registered Social Landlord (RSL) housing is now being built to 'Lifetime Homes' standards which include:
  - Minimum door widths of 750mm
  - No more than 3 steps to and in houses
  - Unrestricted parking within 25m of front doors
  - Ground floor level WC
  - Space for ground floor bathroom
2. There is evidence of improved public consultation and greater involvement of people in design decisions.
3. The requirement to provide Design Statements (including Access Statements) should encourage developers to consider accessibility at the concept stage.
4. The proposed new planning system should encourage early pre-application consultation with the planning authorities which should make it easier for benign influence to be brought to bear as the design develops.
5. Good design should be inclusive of special needs.

### **What are the bad points about the housing now being built?**

1. The private sector appears to be profit driven and constantly seeking to reduce space standards and quality of specification.
2. Private volume house builders seem to be reluctant to rise to anything above 'minimum' standards.
3. Mono-cultural developments are not always conducive to the formation of a mixed self-sustaining community.
4. Volume retailers often oblige people to access cheap food by car, but leave the more vulnerable and less mobile with little choice in shopping as local independent stores are forced out of business or cannot carry a fresh food stock.
5. There is a lack of design guidance available that offers specific examples of good practice rather than simply setting 'minimum' standards.

### **What do we need to change if we are to meet the aspirations of the increasing number of older people?**

1. Exploit advances in technology to support changing behavioural patterns eg. built-in wireless provision for on-line shopping.
2. Design for adaptability right from the start (with the needs of older people in mind) so that new houses can accommodate changes in their users' needs over time and thus combat the pressure to move house.
3. Ensure that design exudes quality and promotes longevity.
4. Promote a diversity of choice through the cultivation of aesthetic sensibilities and encourage more diverse cultural interests.
5. Appreciate the changing cycle of people's lives, where their accommodation needs may oscillate from small to large and then back to small, depending on status of children and/or ageing parents.
6. Acknowledge that some people may wish to remain in a house larger than their needs which then offers revenue potential such as prospective lodgers or the release of equity.
7. Design and adapt settlements to provide a proper quality of life, wherein people's mental, emotional and physical needs are met by ready access to green space and opportunities for social interaction.
8. Socialise the housing mix and avoid monocultures, acknowledging that 'older people' are not an homogenous demographic group but encompass a variety of cultural, socio- and economic differences.
9. Focus on those less capable of coping with the challenges of old age, especially those poorer financially, educationally and physically.
10. Develop a maintenance culture where good design acknowledges special needs, offers more choice and provides greater flexibility.

### **Summation by Margaret Hickish**

We must all become more responsive to issues of access, flexibility and adaptability but the key is to engender a sense of community for all. We should avoid monocultures, enrich each other's lives and ensure that design meets our own aspirations.