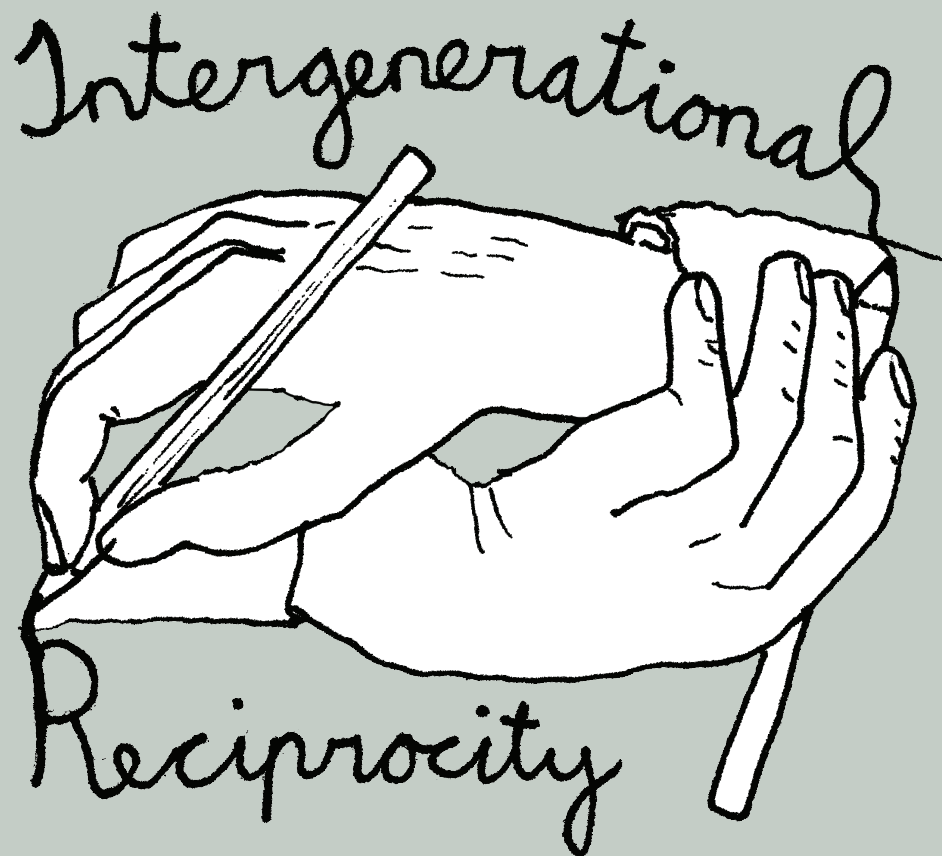


Research Report



Designing for Care in an inclusive environment

Graduation Thesis 'Intergenerational Reciprocity'

Delft University of Technology
AR3A010 Designing for Care in an Inclusive Environment

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'We make a living by what we get, we make a life by what we give'

Winston Churchill

Abstract

Key words: *elderly housing, intergenerational, reciprocity, care, co-dividuality, community,*

The number of elderly is growing rapidly. Different societal problems that already exist will continue to grow if nothing changes in policy, like a shortage of care staff, a shortage in housing, loneliness among elderly and other problems. Facilitating intergenerational reciprocity can contribute by addressing these problems and offering a healthy future of the elderly with enough care capacity. The main question *'How can architecture support reciprocity in intergenerational relationships that include elderly?'* is answered from several perspectives and translated into architectural interventions. Three different perspectives are taken into consideration, directly and indirectly leading to reciprocity: Co-care, co-dividuality and community.

For reciprocity within professional care context (**Co-care**), the workload needs to be reduced to create more room for reciprocity to happen. Several architectural interventions can be done that directly or indirectly impact the workload within professional care

For reciprocal relationships to happen within the personal context (**Co-dividuality**), elderly need to have a sense of equal value. This can be facilitated by different architectural means, some of them being applicable for all elderly. Other architectural interventions leave room for the uniqueness of each elderly. Some co-dividual aspects also impact healthy living and have an indirect impact on reciprocity.

Co-munity functions as the catalyst of the other two perspectives. For reciprocity to happen within community, there needs to be social involvement. Social involvement is distinguished on three different levels: Bonding, bridging, and linking. All levels need different kinds of architectural interventions to facilitate reciprocity.

Taking all the researched perspectives into consideration, a positive feedback loop can be seen, resulting in less need for care and improving health. All topics discussed in this research are interconnected and when facilitated, they offer 'growth' of every other aspect.

Pre-face

This graduation thesis of the TU Delft master architecture is made within the context of the architecture design studio ‘Designing for Care in an Inclusive Environment’. The goal of the research in general is to be able to understand different aspects that impact inclusive living for elderly people. The topic of this research is about what different generations can offer elderly and vice-versa and how this can be facilitated. As part of the studio, all the students stayed over for a week in different forms of elderly housing and were part of daily life in that facility. With several other students a visit was brought to the ‘Huis Assendorp’ living concept in Zwolle: a mixed housing concept with both young students and 55+ aged people, some of which also needed care that was provided within the building.

The research question of this thesis originates from this week long experience. Several aspects of their daily life experience were encountered. The phrase ‘doing things together, that’s what it is about here’ was repeated by several people. One other aspect that stood out was the longing of the elderly for staying autonomous as far as possible.

A quote from a student who lived there gave another perspective on intergenerational housing concepts. When talking about the time she had a concussion, she said: ‘I was so glad that finally something was done in return to me’. The elderly residents gave her massages, did her laundry and helped her with groceries and cooking. After she used the word ‘finally’, I realized that the current concept of intergenerational living was not sustainable if benefit only came one-sided. There needs to be mutual benefit for both parties, otherwise it is draining for one party and thus not sustainable in the long run.

Both aspects of autonomy and receiving something back led to the formulation the thesis topic: intergenerational reciprocity. This research will focus on reciprocity in intergenerational relationships and how this can be supported by architecture.

Lastly I want to thank Birgit Jürgenhake and Frederique van Aniel for the inspiring and motivating sessions and conversations we had, not only about this subject but also in general. I also want to thank to all of the interviewees. For this report they are left anonymous due to privacy reasons. Nevertheless, the conversations were really interesting, the given insights and perspectives were worth their weight in gold and provided new and realistic considerations when thinking about elderly living and care of the future. I also would want to thank God for the past few months, it was an exciting time with a lot of new discoveries, I highly enjoyed the unpredictiveness of it all.

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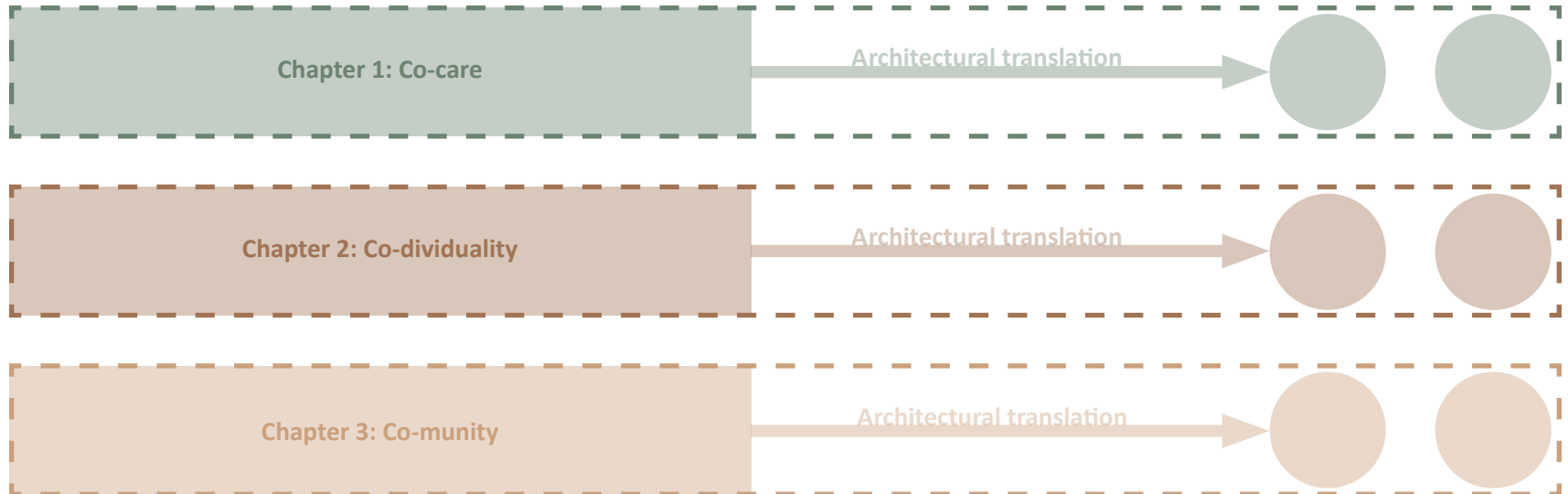
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General Research structure

Based on conducted interviews with care professionals, social professionals and elderly themselves a new model for elderly living and care is generated. In this model three distinct categories can be seen for a holistic approach to elderly care and living: Co-care, co-munity and co-dividuality. Further explanation of the content and origin of this model is given in this research.



Problem statement

The topic of elderly within the housing category is becoming more and more relevant for society. There is a growing number of elderly (65+) in the Netherlands: from 2,6 million in 2020 to approximately 4,6 million in 2040 (RIVM, 2011). Moreover, as life expectancy is rising, the number of old elderly is growing as well: The number of elderly older than 80 years old will be doubled in 2040 (CBS, 2019b).

The increased workload in elderly care makes our current care system unsustainable: Intensive care in nursing homes will become too expensive for our society to pay (Ministerie van Volksgezondheid, Welzijn en Sport, 2020), rising from 19 billion euros in 2018 to 43 billion in 2040 (figure 2). There will also be a shortage in care capacity because there are too few care takers to support a larger number of elderly at home (Daalhuizen; de Groot, 2018).

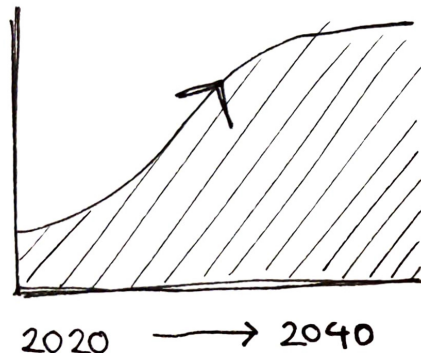


Figure 1: Towards 2040 there is a significant grow in the number of elderly

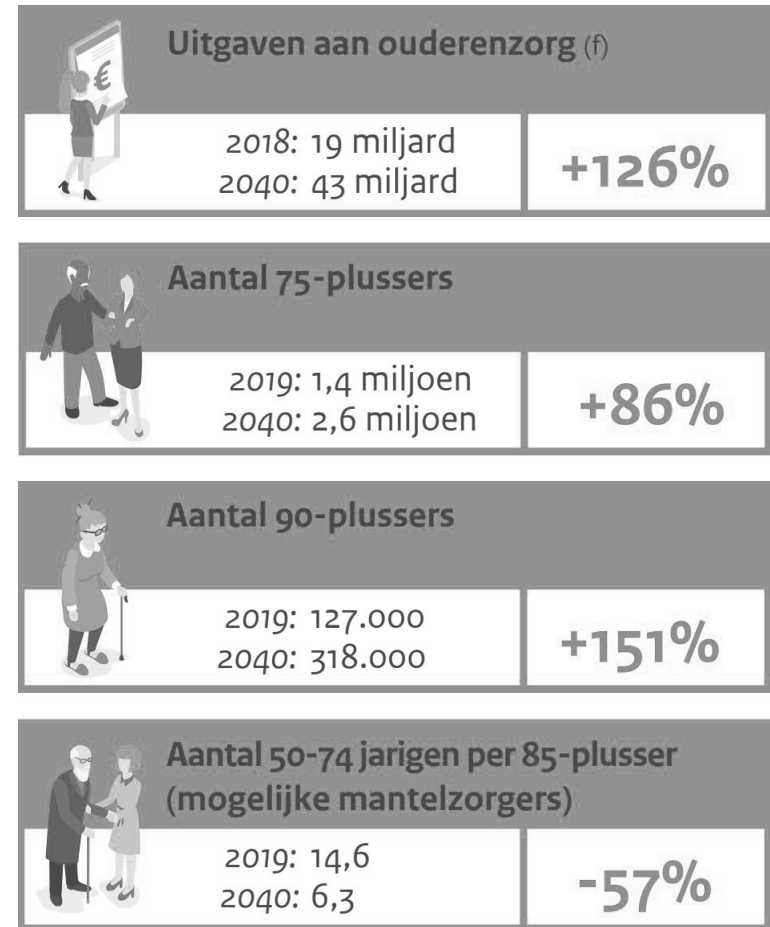


Figure 2: Statistical growth of the amount of elderly (images taken from: Ministerie van Volksgezondheid, Welzijn en Sport, 2020, p.16)

Opportunity statement

Elderly housing and the housing crisis

To provide a healthy society, with sufficient care and qualitative living for elderly, there need to be more living concepts in between the nursing home and the regular home that suit elderly (Daalhuizen; de Groot, 2018). If suitable homes are provided for the elderly target group, they can help with solving a part of the housing crisis: A considerable part of elderly 'overconsume' space and do not want to move to another smaller home because of social and financial reasons. Therefore less suitable home environments remain for other households (Ministerie van binnenlandse zaken en koningsrelaties, 2020).

Elderly housing and care capacity

A conceptual solution to the problem of care is presented in the conceptual scheme down below (figure 3). The surface within the box represents the amount of needed care. It shows how professional care is overburdened in the future and it also shows in what areas there are opportunities to reduce a need for care. This is mainly done in the early stages where only a limited amount of home care is needed. Reciprocity within both care context and the direct social context can reduce a considerable part of the amount of care that is needed.

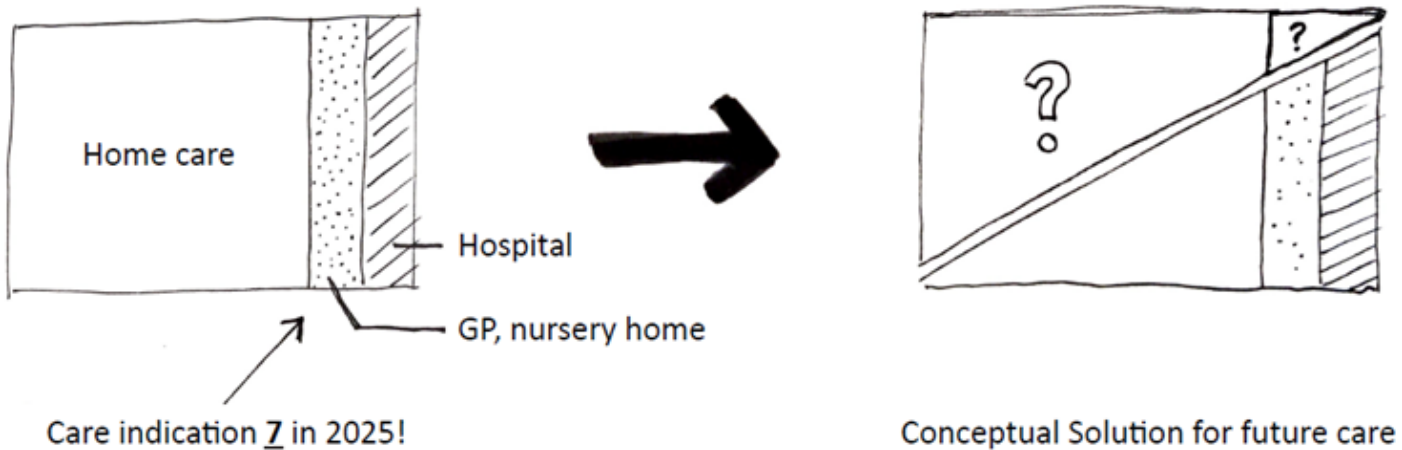


Figure 3: A conceptual solution decreases the needed amount of care

Loneliness

Another problem in society is that several social needs are neglected (figure 4). These neglects result in a high amount of loneliness.

These problems not only apply to the elderly generation but also to younger generations (RIVM, 2011).

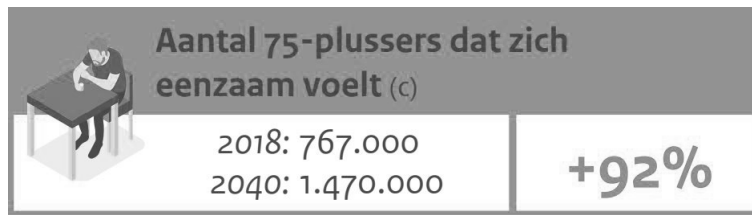


Figure 4: Expectation of the amount of lonely elderly if nothing is changed in policy (image taken from: Ministerie van Volksgezondheid, Welzijn en Sport, 2020, p.16)

The topic of reciprocity can offer a solution by facilitating an intergenerational connection. If reciprocity is facilitated, it can have impact on the amount of loneliness by improving the chance of having social relationships. Reciprocity also means that elderly 'accomplish' something for other people, therefore contributing to their esteem needs. Within the care&elderly category, reciprocity can also have an impact on care costs: When people help each other more, there is less reliance on a professional to take care of small problems.

Research Question

The problems and opportunities combined led to the main research question of intergenerational reciprocity:

How can architecture support reciprocity in intergenerational relationships that include elderly?

For this question to be answered, three sub questions have to be answered:

1. How can reciprocity with elderly in our current professional care context be facilitated by architecture?
2. How can reciprocity with elderly in co-dividual context be facilitated by architecture?
3. How can reciprocity with elderly in social context be facilitated by architecture?

Definitions

Reciprocity: *the practice of exchanging things with others for mutual benefit*

Co-dividuality: *a concept that expresses respect for the specificity and singularity of each person whilst at the same time proposing new visions relating to the need to be together and to create a sense of community* ('what is co-dividuality', 2020); *Post-individualism*.

Social context: *The composition of social relationships; One person's relative position in relation to others.*

Socially involved: *Committed to social relationships in the personal sphere of influence*

Methodology

Research for reciprocity in architecture

Architecture, especially in the context of housing, is a platform for life to unfold. Therefore the first question for the designer is: What kind of life do users want? The user is the central end goal for an architect. For this graduation research, this user-centred approach is applied to the topic of reciprocity: 'What can reciprocity offer people, and how can architecture facilitate this?'. The answer to this question is not only factual and not only rational, it is not the same for every person and it is not black-and-white. However, there are trends that can be found in this research for the topic of reciprocity, applicable for every user.

For the topic of reciprocity it is important to understand different human preferences. The method of this research makes use of different perspectives to encompass this broad range of human preferences, because different perspectives allow for different insights. For example, sociological research enables insight in the behaviour of groups of people, where as interviews enable to understand individual motives and preferences.

In relation to other research done for reciprocity, this research is set-up broadly to be able to spot the patterns beneath the surface: what principles enable reciprocity to grow? The final conclusion exists out of a set of principles that facilitate reciprocity in care context and in social context. These principles are not yet directly translated into architectural interventions, but they do offer an architectural templates, to be filled in by the designer. By understanding the patterns and principles that makes reciprocity grow, a designer can use his or her creativity to further enhance the effect.

Used methodology

Different methodologies are used for this research, the main one being in-depth interviews, supported by architectural case-studies and research from different fields of expertise.

Choosing the method of in-depth interviews was important to get to a deeper level of understanding of reciprocity. The interviews do not focus on producing hard data, but they invite experts to share their thoughts and visions on care, elderly living and reciprocity, including emotional and personal thoughts and associations. Inviting participants to share their reasoning in interviews, notice when they are enthusiastic about something are all be part of 'producing' these soft aspects. More importantly, the interviews can give an idea of repeated patterns beneath the surface. Establishing a trusting relationship or making use of already existing relationships is key for these interviews. For this research, some of the interviewees were already known to the author, making in-depth communication easier to accomplish.

The questions for these interviews were prepared. Some questions were unique per person and per discipline, other questions remained the same for every interview. Apart from these prepared questions, the interviews were free-flow, allowing to keep asking further questions.

The in-depth interviews resulted in aspects that contribute to reciprocal relationships. These reciprocal acts can not be designed by architecture, they can only be facilitated. Reciprocity grows out of different life aspects, for example out of equal relationships (chapter 1). Keeping this concept in mind, one can compare designing for reciprocity with designing a forest: If you want to 'create' a forest, you don't try to create the trees, but you try to find fertile ground and plant good seeds. The question then becomes: what does this fertile ground look like? The research explores this bases: what is needed for reciprocity to exist and how can architecture support this?

The term 'seed-planning' used by Christopher Alexander fits this design philosophy. He describes several design aspects that overlap with this thought of 'growing reciprocity' (Alexander, 1979): *'This quality in buildings and in towns cannot be made, but only generated, indirectly, just as a flower cannot be made, but only generated from the seed'*. 'Designing reciprocity' is just like that: it cannot be made, but only generated. The outcomes this research generates, is not a made and built product. Rather, it generates 'seeds' of principles in the built environment that foster reciprocity.

The method used for analysing the in-depth interviews leaves room for in-depth and open-minded reflection. The why (the meaning, the affordance) behind certain answers is evaluated. The methodology of evaluation categories parts of the interview in 'surface' (clear helpful answers), 'hints' (answers that need more thoughts and explicit explanation), 'seek' (answers that require active reflection to acquire the meaning) and 'secret' (answers that seem to have

importance, but are not figured out yet) (figure 5). This categorisation helps to stay open-minded in the analysis of the interview and it prevents discarding answers that do not seem to have any implications.

	Surface
	Hints
	Seek
	Secret

Figure 5: Ordering interview answers in different categories to stay open-minded

After the interviews were done, trends were evaluated. Different categories for reciprocity could be determined: co-care, co-dividuality and co-munity. This categorization is combined with the aforementioned methodology to further categorize and evaluate the interviews (figure 6). This further categorisation made it easier to spot even more patterns in the given answers. The results of each interview is connected to architecture by providing arguments for certain architectural interventions based on interviews, case studies and literature (figure 7). To improve the readability of this research, the overview of these interviews are left out of the main part and added to the appendix.













Co-care	Co-dividuality	Co-munity
		
		
		
		

Figure 6: Further categorisation allows for easier recognition of patterns

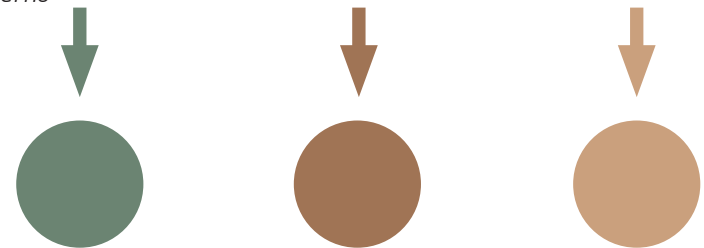


Figure 7: Patterns are translated into architectural interventions

Interviewees

Several people are interviewed for the content of this research. These interviewees were strategically chosen, each offering a unique perspective on elderly and care. This selection of ten people represent a much wider group, since they have contact with many elderly on a regular bases.

The interviewees can be divided up in three groups:

1. Care specialists (GP, geriatrician, spiritual caregiver, dementia caregiver)
2. Social & societal active people (Social second-hand shop Schroeder, Resident of residential community 'Taste', politically active sociologist, resident of 'Abtswoude bloeit')
3. Several elderly (elderly resident of a care centre, residents of Huis Assendorp).

All interviewees are given a code in order to easily refer them in the research. The A(x) code refers to an interviewee active in a professional care environment. The B(x) code refers to an elderly interviewee. The C(x) code refers to a socially active interviewee.

All of the relevant interview quotes for the topic of reciprocity can be found in the appendix. The interviews are reduced to quotes to save reading time and filter the relevant information. It is also filtered on content that might be too personal or too sensitive.

Even more interviews were done then shown in this research, mainly in the category of elderly, for example with several residents of Huis Assendorp. These interviews are not included, since they did not attribute to gathering more knowledge about the topic of reciprocity.

Interviewee A1 - Spiritual counsellor in a living & care centre

One interview is done with a spiritual counsellor in a living & care centre for elderly in Haarlem. She describes her job as listening to the elderly and to talk them about what is on their minds. She does not have a treatment plan. Spiritual might be a misleading term, as she is also there for non-spiritual/non-religious people. She also organises different activities, supports the care staff and advices in difficult ethical questions. She mentioned that reciprocity is an extremely important theme in her practice.



Interviewee A2 - Geriatrician in a hospital environment

One interview is done with a geriatrician ('elderly doctor'). In her job in the hospital she has daily contact with the elderly, so she has widespread knowledge of the most vulnerable group of elderly. She shares from her experience in the hospital as well as her own perspective on housing, care and elderly.



Figure 7: Nurses in Meander Medisch centrum (image taken from 'SAMENSPEL MENS | NATUUR | ARCHITECTUUR', p.74, photo by Frank Noordanus)

Interviewee A3 - Home care & dementia care nurse Zorgerf Putten

This interviewee is a home care and dementia nurse from Zorgerf Putten. This care facility is located in the countryside with an emphasis on a free yet stimulating environment for the residents with dementia. They are free in choice what to do and there are a lot of activating incentives in the outside environment.



Figure 8: Zorgerf Putten (source photo: <https://www.buitenland.nl/>)

Interviewee A4 - General practitioner

This conversation is done with a general practitioner. Visibly passionate about his discipline, he explained several problems of the current care system, his personal vision on important aspects of care and opportunities for future elderly care and living. The conversation took place in residential care centre 'De Schauw', a care facility located in Putten.



Figure 9: Residential care centre 'De Schauw' (source: <https://www.znww.nl/wonen/de-schauw/>)

Interviewee B1 - Nursing home resident

This interview is done with an elderly person living in care and living centre 'De Schauw' in Putten. She is above 90 years old and needs care to some degree, but she is still able to do small things like making coffee. In this interview, she shares a lot of her own perspective. Most of the quotes do need a translation to reciprocity, one has to read in between the lines to find personal and social needs.



Figure 10: Interior of residential care centre 'De Schauw' (source: author)

Interviewee C1 - Sociologist & politically active citizen

This interview is done with a sociologist who is also politically active. His perspective on reciprocity is a mix of his political perspective, sociological perspective, experience as a teacher in high school and his own life experience.



Figure 11: View from the perspective of an elderly housing concept in Zwolle (source: author)

Interviewee C2 - Mixed-housing resident & architecture student

This interview is done with a student resident of 'Abtswoude Bloeit'. This housing complex used to be a nursing home, nowadays it functions as a home for both elderly, students and people from an organisation called 'Perspektief'. While the housing units of these different target groups are quite separated, the binding aspect is the space that is called 'the living room of the neighbourhood'. Here people can eat, drink coffee, play games, read, work and meet other people. The project is received with mixed feelings: some people enjoy being there, others do not consider it to be successful.



Figure 12: The 'living room of the neighbourhood' in Abtswoude bloeit (source: author)

Interviewees C3 - Social second-hand chain Schroeder The Hague

Being more than a normal second-hand shop, Schroeder fulfils an important social role in the city of The Hague and can be seen as a leader in societal inclusiveness. Schroeder is a chain of seven thrift shops in The Hague, some of them combined with a social function. Sustainability is an important theme for them. Schroeder will be 100 years old in two years. It originates from doctor Schroeder, who was a neurologist/psychiatrist. Putting people away in institutions in big forests was not a good idea according to him. He thought that when people have to do physical work, then they get tired and they sleep better. Nowadays, a century later, Schroeder continues as an organisation which offers day care to people who have had a hard time in life, or still have psychiatric or psychosocial difficulties, or have to deal with loneliness, or physical problems, or mental disabilities. They also support people who have been punished by the law and have to do community service. All in all, they deal with a very diverse population.

During the interview it became clear that one of the two interviewees had a background in dementia care, so the interviewees can be seen as both 'social specialists' as 'care specialists'. In the end the interview gave insights on all three levels of care.

Interviewee C4 - Community-housing resident of Taste & sociologist

This interview is done with a resident of residential community 'Taste'. Located in the neighbourhood of Voorhof in Delft, the residents of Taste originally tried to be of value for Voorhof by providing a place to meet and eat together. This motivation originates from their Christian background. The interviewed resident of Taste has a background in sociology and management studies. A red thread throughout the interview is that of dividing up responsibility for reciprocity.



Figure 13: The garden of Residential community taste used as a meeting place (source: interviewee)

Co-care

Chapter 1: Co-care

'How can reciprocity with elderly in our current professional care context be facilitated?'

What is Co-Care?

Five care professionals were interviewed who interact with elderly on different terrains of society. Each of the interviewees has another perspective on elderly and care and can therefore offer a unique perspective on reciprocity within elderly care. These professionals include a spiritual caregiver, a geriatrician, a dementia nurse and a general practitioner. One of the interviewees of social second-hand shop Schroeder also has a background in dementia care.

After the interviews, the importance of reciprocity in the professional care of the future became clear. The 'Co'-part in the word co-care represents the much-needed reciprocal side of care.

What is needed for reciprocity to happen within the professional care context?

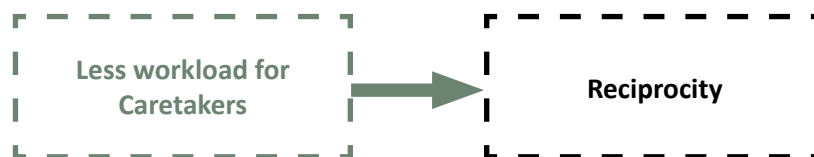
The topic of reciprocity was a central topic for the spiritual caretaker (A1). During the interview a question regarding reciprocity was asked: 'What is needed for reciprocity to happen within our professional care context?' She responded with 3 aspects:

A1: 'From us (the caretakers), sincere attention, no labels, and space to discover who the other is. This applies not only to the elderly, but actually to every other fellow human being. With the elderly, however, you have to make more of an effort to remove the label 'oldie'. Reciprocity always starts with yourself.'

However, she also noted that this is very hard for care staff because of the high workload they experience:

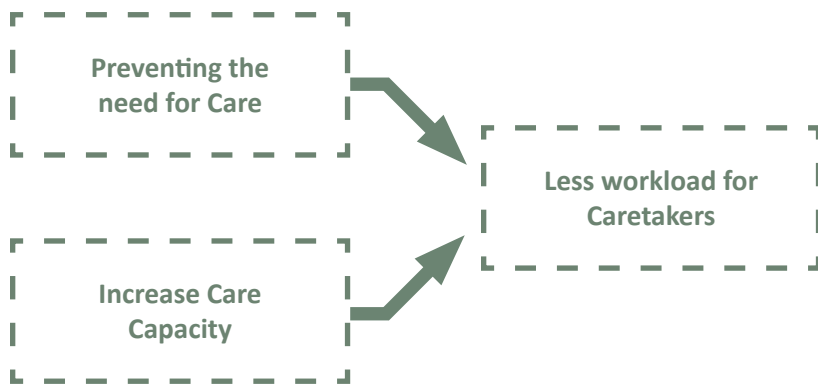
A1: 'I see that in the care sector, with the pressure of work, it is very difficult to give shape to reciprocity. The care staff is mainly giving and caring and that is an unequal relationship. Reciprocity requires attention and reflection. So you have to make room for who the other is, and be open to what the other has to offer, that you can adept as a result. And that is mutual. That requires space, and I can imagine that as a care worker you don't get around to it because of the workload.'

One can conclude that a high workload gets in the way of reciprocity within the professional care context. In order to facilitate reciprocity within the professional care context, the workload has to be reduced.



How can workload be reduced within the professional care context?

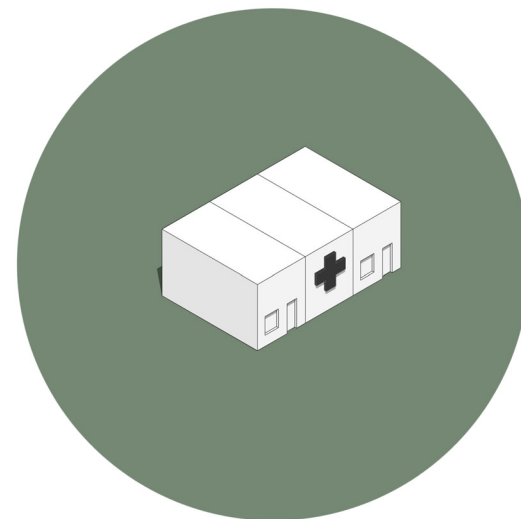
To reduce workload in care context, two strategies can be implemented: Preventing the need for care and increasing the care capacity. Some interviewees gave insights on this topic of workload.



Workload reduction in the hospital

Increasing care capacity can be done by unburdening overloaded care specialists. When talking about the care of the future and what both the care system and elderly need, the geriatrician mentions relieving workload pressure on the hospital and how this can be done:

A2: 'Several tests are being done now. For example for people that have a simple bladder infection, but are too ill to be treated at home, but do not need intensive care in hospital. In a test version of a local mini-hospital they can do an antibiotic infusion, but also things like rehabilitation.'



Co-care 1: A healthhub can provide efficient local care and reduce workload

Currently there is no stage in between the GP ('first-line care') and the hospital ('second-line care') in terms of care facilities. This is an opportunity for future care to unburden the expensive hospital care by adding local facilities. A 'mini-hospital' would allow for several functions that can not be done by a GP, for example a antibiotic infusion or physical revalidation (Co-care 1). The solution of the mini-hospital can reduce the workload of hospitals and lower healthcare costs. It would be a strategic choice to combine this facility with other healthcare related functions to create a 'Healthhub' (figure 14).

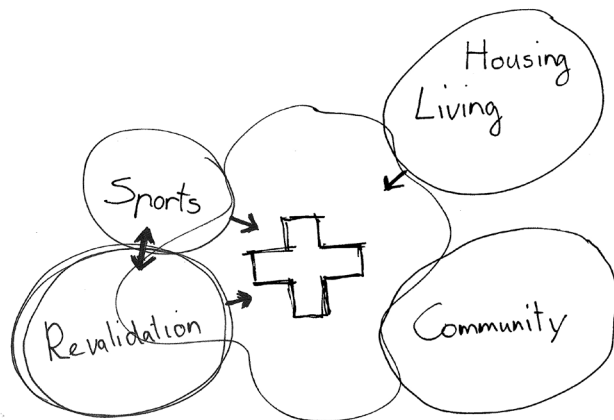


Figure 14: The healthhub is a multifunctional place of health for both healing and health promotive environment

Workload reduction in local home care

Elderly want care nearby is an argument given by one of the interviewees of Schroeder:

C3: 'The last 5-7 years you see that older people are willing to move. The better-off do it themselves, they buy a new flat, but they always want their own form of care to go with it. So then it becomes not a standard story but a customised arrangement, 'if I need it, it has to be there'.

This can also be an extra reason for adding the healthhub. Care can also be more efficient when care facilities are close-by. It means nurses have to travel less, thus leaving more time for other care activities. So the care capacity is increased by facilitating nearby care facilities.

However, this aspect of elderly who want to move when care is nearby is not applicable all elderly. From several interviews it became apparent that not every young elderly is actively thinking about how they want to live when older. So the aspect of bringing awareness on elderly living and care is also important. In the interview with the politically active sociologist (C1) he told that within their municipality there was one councillor whose job it was to talk to people in their fifties about elderly living to increase awareness.

Workload reduction by improving well-being

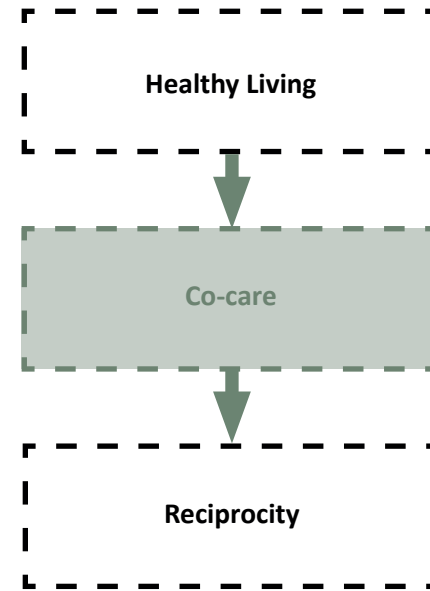
The dementia nurse connected the topic of workload to well-being of elderly. She said:

A3: 'The greatest workload is caused by the fact that the residents do not feel comfortable'.

According to this interviewee, the current form of residential care does not give a qualitative life for the elderly. The focus is only on practical care, but most people also want social interaction, fun and useful spending of their time. If these aspects would also be facilitated, a lot of care can be prevented by more healthy elderly, thus reducing the workload for the care staff. In turn, the care staff has more space for reciprocity to happen.

Other interviewees also see this connection between well-being and workload, for example the general practitioner:

A4: 'Do you know how many times I have been here with an elderly, with vague complaints. Three or four times a year, blood is taken because of vague tiredness. What can prevent it is taking time and giving attention, that is why I visit Grandma now. That is so important, that the doctor has been here. I haven't done anything medically. But it has a healing effect.'



There is a lot of research about aspects of the environment that impact well-being, most often under the banner of 'Healing Environment' or 'Health promotive environment'. Miedema describes the latter as 'a process devoted to empowering (vulnerable) individuals and communities to take control over the factors that positively influence their health and quality of life including their social, natural and built environment' (Miedema, 2020).

Some of these aspects that impact health are discussed in later chapters, for example physical movement, being socially connected, or having a sense of control. These aspects are stress-preventing or stress-reducing, which makes them aspects of the healing environment (Ulrich, 2000). Other aspects are more general, like that of nature (Co-care 2). A visual or a spatial connection to nature reduces stress-levels, and thereby partly prevents a need for care (WHO, 2017).



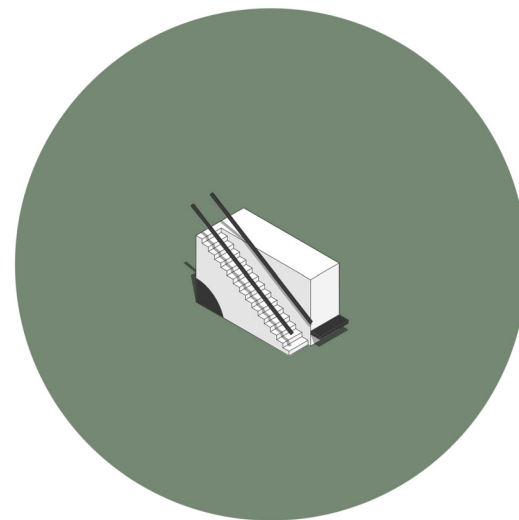
Co-care 2: A health promotive environment reduces workload in care

Workload reduction by preventing the need for care

To prevent need for care and improve well-being, two other aspects are highly important according to the interviewees. The first one is staying physically active. According to the geriatrician, physical movement prevents a need for care:

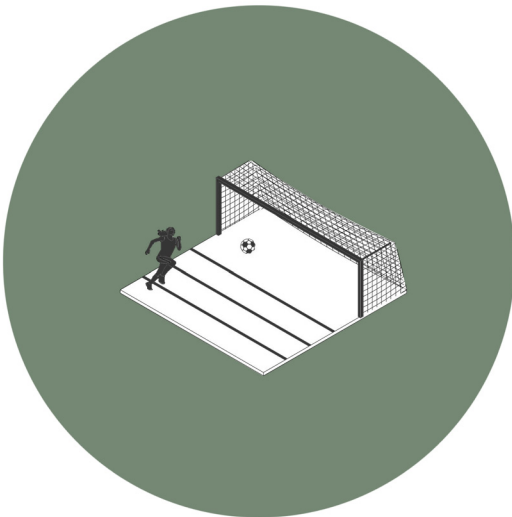
A2: 'I think what is very good for older people is exercise, so you could make some kind of connection with gym/sports hall.'

Stairs can also contribute in stimulating movement, for example by making the routing with the stairs faster than the routing with



Co-care 3: Making physical movement in routing possible for elderly to increase health

elevators, or making them more accessible for elderly through a less steep slope. Elderly need more breaks in longer walks, so by making benches it is possible to take longer walks. Residents of 'Huis Assendorp' mentioned bannisters on both sides of the stair (co-care 3). Other architectural interventions that stimulate physical movement are for example lowering thresholds in public space or facilitating public sporting (co-care 4). Combining these functions with the earlier mentioned 'Health hub' can offer more awareness of the importance of physical movement on health.



Co-care 4: Facilitate public sporting areas

The second aspect that promotes health is staying mentally active. Mainly for older elderly this is a highly relevant aspect, because engaging with mental activities costs relatively more energy in comparison to younger people, while there is less urgency. The importance of having mental impulses can be seen most directly in dementia care. The interviewed dementia nurse described how mental incentives like wind, temperature, but also pathfinding, environmental orientation and doing chores benefits well-being. The dementia nurse also describes some architectural interventions that stimulated mental activity, for example the routing on 'Zorgerf Putten'.

A3: What struck me about Zorgerf Putten is the freedom, the nature, the stimuli that the people get there. For example, when we provide care in the morning, the people have to go outside to the main building to have breakfast. So when they come outside, the first thing they often say is: what kind of weather is it? It's dry', 'the sun is shining', 'it's cold'. You are already maintaining an incentive. They notice something that they would never notice on a second floor in a nursing home, because there it's just 21 degrees, they have no idea what the wind feels like at all.

In the example of the Zorgerf, elderly need to go outside in order to get to their daily needs. She also mentioned other architectural aspects that impact the senses:

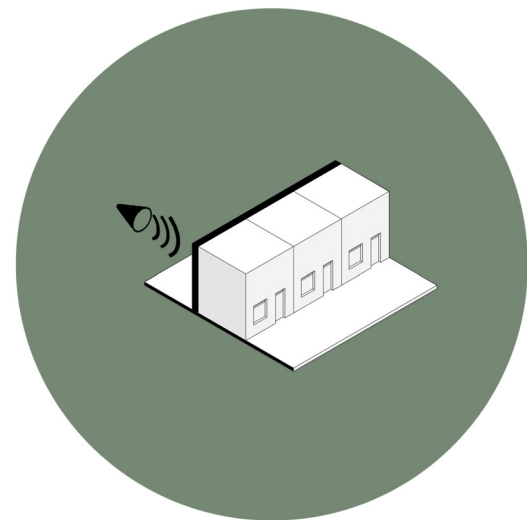
A3: 'So if you create a corridor with coves with certain seats where they can do something, you can create a lot more challenge.'

The universal pattern behind these examples is that the mind is comparable to a muscle: if you do not use it you lose it. This makes this design goal to facilitate experiencing incentives not only relevant for people suffering from dementia, but also for other elderly and younger people. Most incentives come from outside in unconditioned space. Architectural interventions can stimulate residents to experience outside incentives by having routing through outside spaces and by making outside space accessible and attractive to stay (co-care 5).

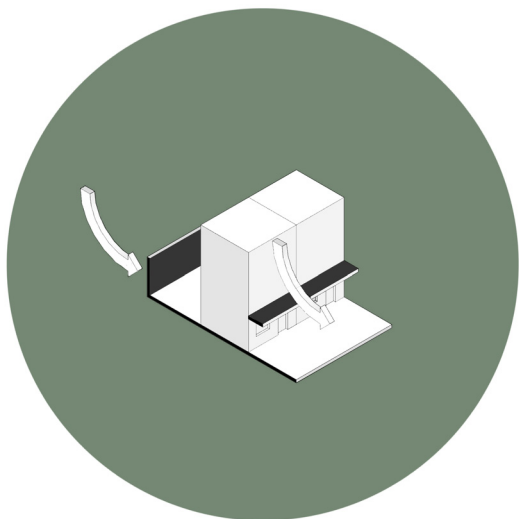


Co-care 5: Outside routing increases mental health

However, for elderly these incentives can quickly become too much. Too much noise can contribute to stress levels, for example if a building is located near a road or railway. Architecture should reduce these noise-levels to prevent stress (Co-care 6). Outside space can become uncomfortable by large amounts of wind, so architectural measures have to be taken to prevent discomfort (Co-care 7).



Co-care 6: Reducing noise-levels to prevent stress and increase health



Co-care 7: Reducing wind-levels to prevent stress and increase health

Workload reduction by embedding people in community

The general practitioner mentioned different causes of sickness by within the group of elderly. He described what is needed for the care system of the future and what can prevent more care for elderly:

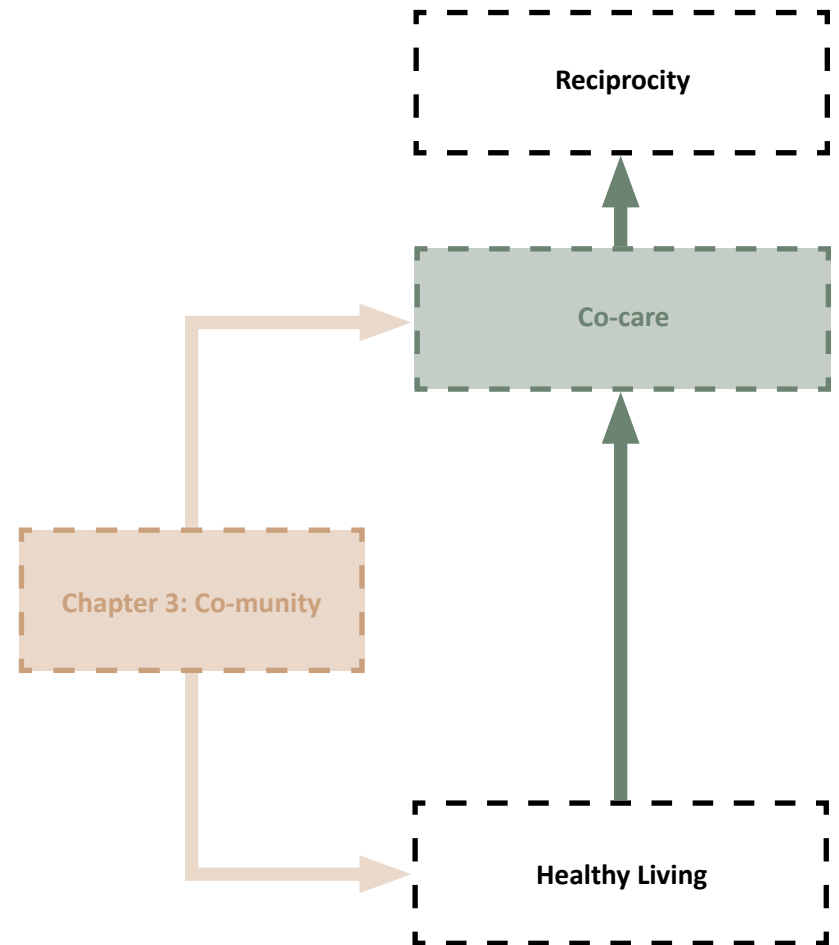
A4: 'There are many people who do not need so much care, but need a lot of attention, because loneliness is a very big problem as you get older. For example, if you only have two children, and one is chronically ill and the other has to do everything, it doesn't work! You know, if you have five children, like is more common on the Veluwe, I don't see as many big problems. Here you often have four or five children who can take care of it, so you have enough children running around. But if you live in Amsterdam, you have children who live in Groningen and Maastricht, they don't come every week.'

This social aspect of care is a red thread throughout the interviews when talking about care for elderly. The care professionals emphasize the social needs of humans and also how that need impacts physical well-being:

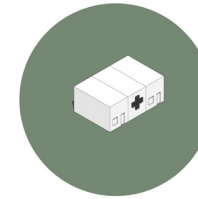
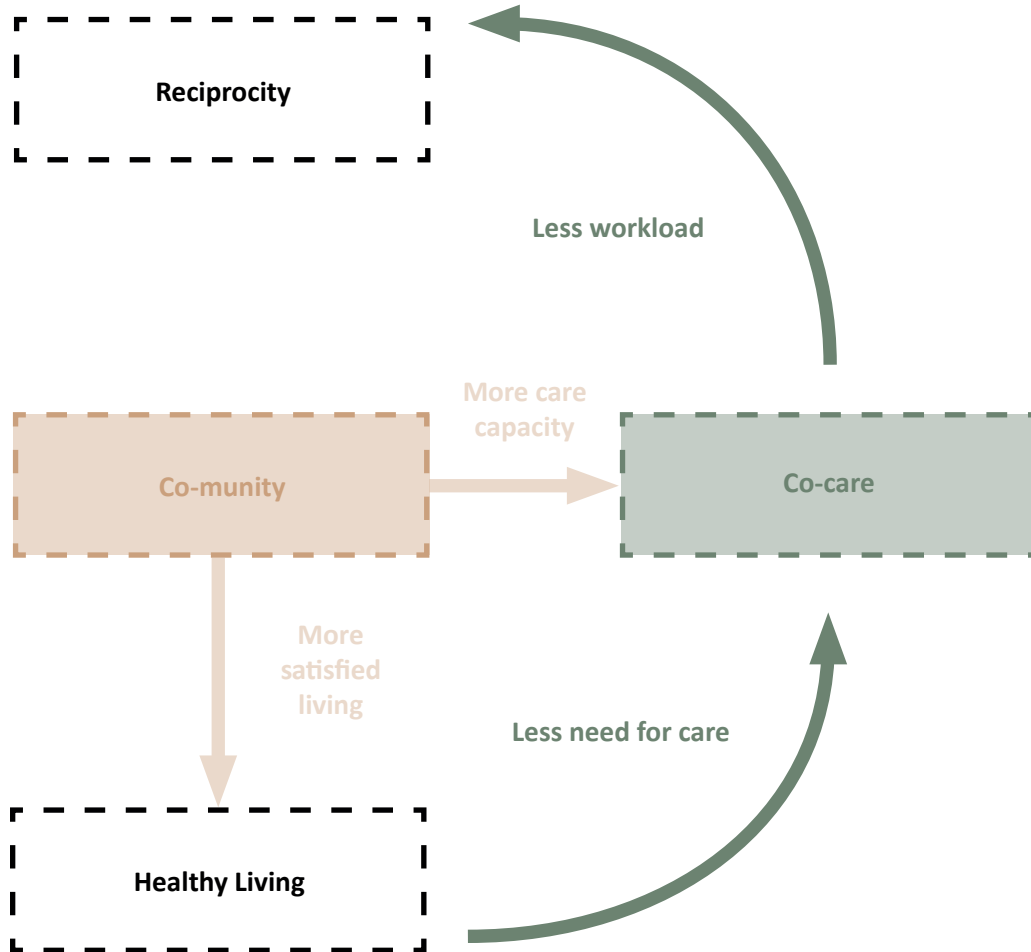
A3: 'People are getting older, becoming more dependent. There is a staff shortage and the focus is on excellent care. But that's not what these people are waiting for, they want to play a game of rummikub.'

A1: 'If you live in a complex for the elderly, you live at ground level, you can play a game or have a cup of coffee, and I think that will also prevent loneliness. Then you have care and contact close by.'

The general practitioner (A4) mentioned the term *'social indication'*. He also explains why keeping an eye on each other is important for care: People do not only have physical needs, but also social ones which also impact their well-being and health. He thinks that independent living with easy access to care where people keep an eye on each other are ideal for elderly, comparable to care homes of the past. He already describes a architectural type: a cluster with people who keep an eye on each other. Combining care, social functions and independent living provides multiple advantages for elderly, mainly social ones. It counteracts loneliness, which is a common problem among elderly today. If loneliness is counteracted, it will also prevent a need for care caused by loneliness, thus reducing the workload for professionals. Facilitating these communities can also increase care capacity by neighbours helping each other. How this social side of care can be facilitated by architecture is described in chapter 3: co-munity.



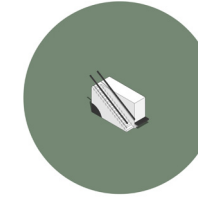
Summary Chapter 1: Co-care



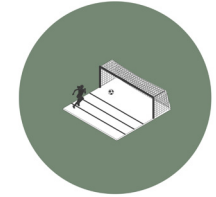
Co-care 1: A healthhub can provide efficient local care and reduce workload



Co-care 2: A health promotive environment reduces workload in care



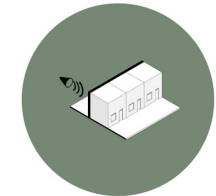
Co-care 3: Making physical movement in routing possible for elderly to increase health



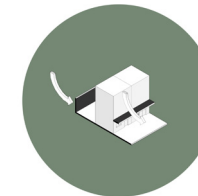
Co-care 4: Facilitate public sporting areas



Co-care 5: Outside routing increases mental health



Co-care 6: Reducing noise-levels to prevent stress and increase health



Co-care 7: Reducing wind-levels to prevent stress and increase health

Co-dividuality

Chapter 2: Co-dividuality

How can reciprocity with elderly in co-dividual context be facilitated by architecture?

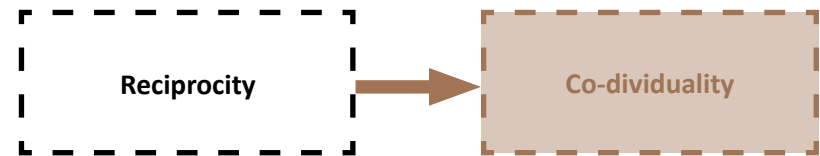
What is co-dividuality?

The term co-dividuality fits right in with the topic of reciprocity. *‘Co-dividuality is a concept that expresses respect for the specificity and singularity of each person whilst at the same time proposing new visions relating to the need to be together and to create a sense of community’* (Liotta, 2020). It can also be referred to as post-individualism. The term co-dividuality, originating from an architectural exhibition in Japan in 2016, is a reaction against the negative effects of individualism: Isolation, alienation and fragmentation. These effects are unfortunately also trending traits of modern day Dutch society. Co-dividual thinking is needed to deal with these problems, also related to thinking about an aging society.

For this chapter about co-dividuality the interviews are filtered on aspects that impact personal flourishing of elderly. These aspects are directly or indirectly related to reciprocity, as will be visualised in the summary near the end of the chapter. All the architectural translations can be categorised as co-dividual.

Personal needs

Reciprocity, by definition, always goes two ways. One way of discovering how reciprocity can be facilitated on a personal level is to focus on what people need and what they can give. The first part of this chapter contains all the needs of living that are important to the elderly according to the interviewees. The central question is: What do elderly in general want on a personal level? Of course every person is unique in their wishes and needs, as is stated by most interviewees. However, as can be seen in this chapter, patterns of needs among elderly can be seen and are also confirmed by several interviewees who speak with elderly on a daily bases.



Personal needs: Having a feeling of equal value

When talking about reciprocity, several interviewees directly or indirectly relate it to a feeling of equal value. The spiritual counsellor (A1) said that having a feeling of equal value is needed for reciprocity: *A1: 'I would also like to add the word 'dignity' to the word 'reciprocity''*

Elderly need to have the feeling that they are able to give something, which has everything to do with the feeling of being valuable. The counsellor also connected this topic of dignity to the built environment. One concrete example she gave is that of the front door in care environments which are always open for care staff. This reduces the amount of control people have on who is entering, thus reducing their sense of ownership. The dementia nurse (A3) also mentioned this topic of control over who enters.

A1 'Doors are now made in a way that you just walk in, to mention one architectural point. Anyone can just walk in. I think that's madness. Those are the things that take away people's control and dignity. (...) You can prevent this, for example, by making a door look like a front door. Or by making it really clear what the resident wants, what the resident's wishes are.'

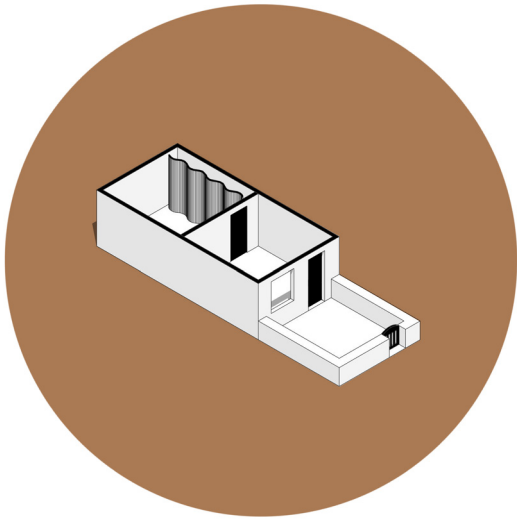
Another specific example the spiritual counsellor gave on this topic of equality was that of incontinence material. Is it possible for the elderly to put this behind a door or is it always in sight? This is another aspect that can be influenced by design and add to a sense of ownership of the elderly, leading to a feeling of equal value.

The specific example of the front door can already be seen in some care settings, for example in Care centre 't Nieuwe Kampje' in Hilversum (Figure 15). In this complex they added doors that resembled the old front doors of the owners. This architectural aspect not only benefits a sense of ownership, but also benefits recognisability and emphasizes the uniqueness of every resident.



Figure 15: Example of accentuating own 'territory', photo taken in 't Kampje in Loenen (images by Jan van Lindenberg)

A general pattern behind these needs of the elderly is a wish for autonomy. The example of the door shows a need for control over who enters their house. The other example of the incontinence material shows a need for control over what elderly want show to others and what they prefer to keep hidden (Co-dividuality 1).



Co-dividuality 1: A feeling of autonomy is supported by a divide between private and public zones that can open up by choice

This pattern of autonomy is more broad than just these two aspects and was one of the most repeated topics in the interviews. It also impacts healthy living, so this topic of autonomy will be elaborated upon near the end of this chapter.

Personal needs: Room for own uniqueness and passion

Having room for being who you are and expressing this is also connected to a sense of own value. The spiritual counsellor shows how reconnecting elderly with their passion revitalises them and breaks the stigma of being old and incapable elderly. A section from the interview described this:

A1: 'Recently I started a photo project at work, "passion in pictures'. That was with people zoning out, just sitting in a wheelchair and looking outside. But when I touched on what their passion was in life, they came back to life. After that I raised some funds and we hired a professional photographer. We entered into a conversation with these people about their passion and how you could visualize it, and where, and who should be there. Insanely beautiful photos have been taken, and in those photos you can see someone in their strength and passion. It is still an old and dependent person, but you can see that it is a unique person. Perhaps that is what you should have in such a housing. How can you show that they are not just old dependents, but people with their own story? How can that take shape, how can you make room for it in such a complex? I think that's important.

From January 14, the photos (figure 16) will be displayed on a large scale in Haarlem in an exhibition in the corridor on the Grote Houtstraat. You can also see them once in the Molenburg. It's something I get really excited about, because it empowers people. Those photos hang in our entrance hall. Caregivers also look at this. I recently had a facility employee who said: Normally I see those old people in a wheelchair, but now I see that they all have their own story. That's what the pictures should do.'



Figure 16: 'Passie in beeld' - Peter van Beek Fotografie en Storytelling (<https://www.kennemerhart.nl/passie-in-beeld/>)

The spiritual counsellor broke stigma by putting these photos in a public place at the entrance of the care facility. This principle of putting something of personal worth exemplified in public space can also be done in the built environment. In this example, two architectural tools were needed to accomplish this: a publicly accessible space which is visited by people and room for personal appropriation in it.



Figure 17: The 'living room of the neighbourhood' in Abtswoude bloeit (source: author)

An example of a publicly accessible space with space for personal appropriation can be seen in the project of 'Abtswoude bloeit' in Delft. Abtswoude Bloeit used to be a nursing home. Nowadays it functions as a home for both elderly, students and people from an organisation called 'Perspektief'. Situated on the ground floor there is a 'living room' for the neighbourhood (figure 18, 19 & 20), hosting open coffee moments on Tuesday and Thursday. Here people can eat, drink coffee, play games, read, work and meet other people (figure 17).



Figure 18. Entrance of Abtswoude bloeit



Figure 19: The 'living room of the neighbourhood' in Abtswoude bloeit (source: <https://abtswoudebloeit.nl/>)

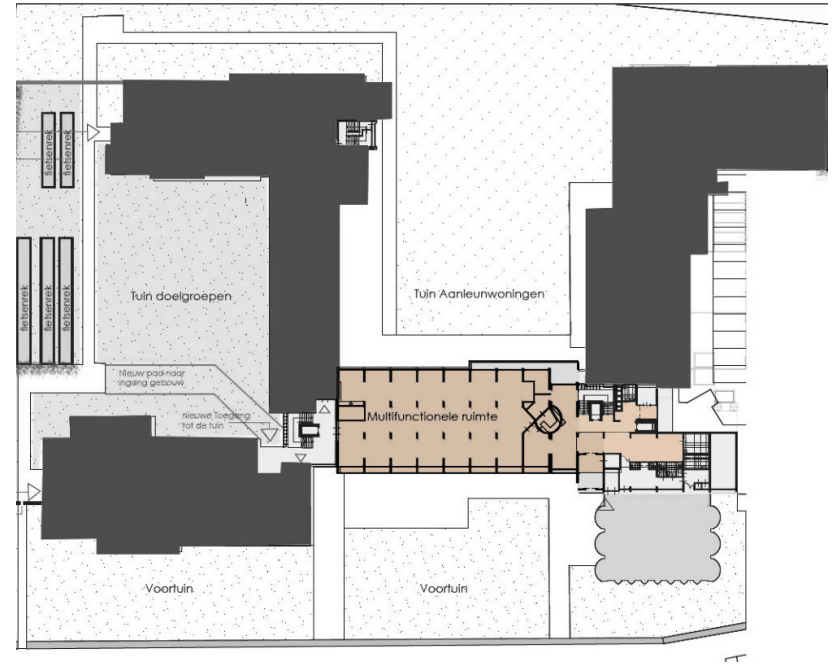


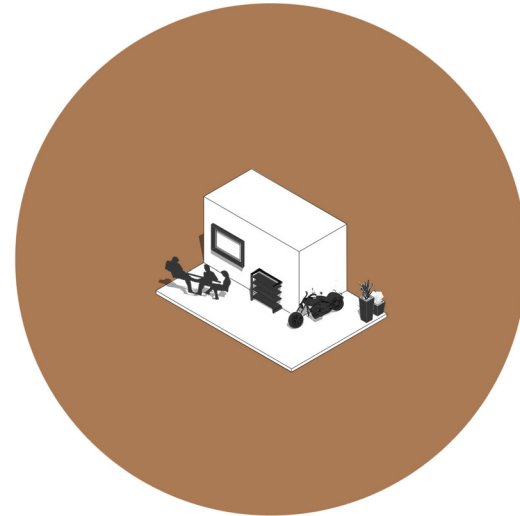
Figure 20. 'Living room' floorplan of Abtswoude bloeit (source: <https://abtswoudebloeit.nl/>)

When joining these meetings, I met with several residents, and after getting to know them one resident showed me his wide range of talents. Those talents and passions were visible because the living room hosted a lot of different (art)objects made by neighbours and residents themselves (figure 21). The resident was visibly proud of his work, but it also gave him a sense of value. He shared that recently someone had asked him to write something for his mother's grave, which he accepted as a huge honour. Through exhibiting his talents, he is still able to give and be of value to other people,



Figure 21: Facilitating personal uniqueness in 'the living room' of Abtswoude (source: author).

which was very important for him. Abtswoude Bloeit accommodates this by giving him a platform to display his skills and his personality (co-dividuality 2). There were more examples of personal objects in the room, for example of a lady who was very adept at stitching images. While sitting at the table with coffee, she was also doing that, and behind her at the wall hung one of her creations.



Co-dividuality 2: Facilitating personal uniqueness to stimulate a feeling of equality

A last anecdote to confirm the importance of facilitating personal uniqueness comes from the interviewed dementia nurse. She described how an elderly architect wanted to have his architectural tools within reach, despite not using them. For him, it gave him a sense of value and identity.

A3: 'For example, we now take care of a man who was an architect and he has a huge desk in his apartment. Well, you bump into that thing 20000 times and it's just a super clumsy thing. But it's so important to him that that thing is there and that his fountain pen and his drawing pen are all right next to each other there with an eraser and a ruler. That is so important to that man and then I think, yes, of course it has to be there. He doesn't do anything with it though. He can't write anymore, he can't read, but that was his stuff (his home). It also makes us as care workers feel like guests.'

Personal needs: Having a purpose

A personal need that was repeated multiple times in several interviews is that of having a purpose. Some of the interviewees framed it different, like 'being useful' or 'being needed', the common factor is that they all have to do with a sense of purpose in social context. Several positive examples were seen in that helped elderly find a sense of purpose, facilitated by the environment. There is the nuance of that every person is different, so there is a wide variety of preferences to be found in this as well. The geriatrician and several others mentioned uniqueness and different preferences several times, for example in this quote:

'You also have day care for people with early onset dementia, but I can also imagine that as a highly educated person, it is really boring and there is no intellectual challenge at all. So again, I don't think you should lump many people together.'

This wide variance in people makes it difficult to facilitate 'having a purpose' with one kind of intervention in the built environment. What might work for one person, does not work for ten others. During the fieldwork in 'Huis Assendorp' in Zwolle, a few approaches were seen to deal with this variety, one of which was a survey of the residents to know what direction has priority (figure 22). This survey shows the different preferences of the residents, but it also shows some overlap. Every resident has other interests and hobby's, but when taking a larger sample size, there is a chance that elderly do have the same interests. To facilitate a sense of purpose, one has to think about bringing people with the same interests together on a larger scale.

Evaluatie interesse activiteiten

activiteit	bestaand
klaverjassen	8
handwerkclub	7
kookclub	11
bingoclub	16
borrelmiddag	21
moestuïn	4
spelletjesmiddag	10
schilderen	5
nw act.	meedoen
jeu de boule	10
biljarten	2
bridgen	2
Kippen houden	9
lezingen	20
muziekavonden	30
filmavonden	28
bqq	28
feestavond	28
uitjes	27

Figure 22. A survey done in Huis Assendorp provides insight in different preferences in activities.

Despite the fact they do not account for a wide variety of preferences, it is still useful to take a look at some specific examples that facilitate a sense of purpose. For example within co-care, The dementia nurse gives two examples in doing daily chores:

A3: 'Even if an elderly person can only peel potatoes, I already think 'yes'. Because he feels useful, and I don't have to peel as much. There is already reciprocity in that.'

The second example also has impact on architectural design:

A3: 'These people often cannot even get get their mail! There must be an old-fashioned letterbox somewhere. You must be able to be able to say to Mr Jansen: you get the mail! Then he will be delighted when he's picked up the newspaper. What we have now severely limits people.'

From a more social perspective, the sociologist gives an example from his own neighbourhood:

C1: 'There is a repair café in there. There are a few older men on Wednesday mornings or afternoons who really like to talk about what they know about how to fix things. (...)They appreciate being needed.'

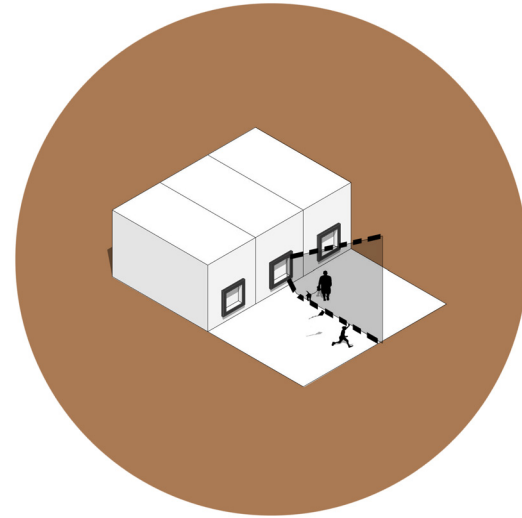
Personal needs: Being socially involved

Being socially involved is another repeated theme throughout the interviews. This part of the second chapter focusses on the architectural translation of social involvement. Comparable with the previous part about having a sense of purpose, it is useful to get a grip on the context of the interview quotes and on different kinds of social involvement. The geriatrician (A2) mentioned both a negative side when there is a lack of social involvement and a positive side when there is social involvement:

A2: 'How would you like to live when you are older? 'That it is personal and not that you feel lonely. I see far too much misery about that, that people no longer really have a goal, or that they are not looked after. If you live close to people and are still involved in their lives, you will also remain much more vital.'

Being socially involved can have different expressions. An example in the interviews was getting asked for a opinion, which can be a form of both social interaction and an expression of valuing another's opinion. However, feeling like you are socially involved does not necessarily mean that you need to have human interaction. Several of the interviewees confirm that a visual connection with the outside world already gives the sense of being involved for some elderly (Co-dividuality 3). For example the spiritual counsellor shared an anecdote about one of the elderly:

A1: 'One man grew up in Italy, in Naples, and he says, 'These trees drive me crazy. I want to see people.' Another lady looks at a crossroads, she watches people, she sees people approaching.'



Co-dividuality 3: A view on liveliness stimulates social involvement

An anecdote of one of the interviewees of Schroeder confirms this form of social involvement:

C3: 'My mother is 92, but she loves that a baby was born diagonally across the street. (...) she perseveres because my brothers and sisters still come to visit, but also because she experiences life as lively. On the other side of the street something happens (...). She is not always happy about that, but it does indicate that you are part of society.'

Architectural design strategies can be used to optimize sightlines on livelines, as seen in the conceptual floorplan example below (figure 23)

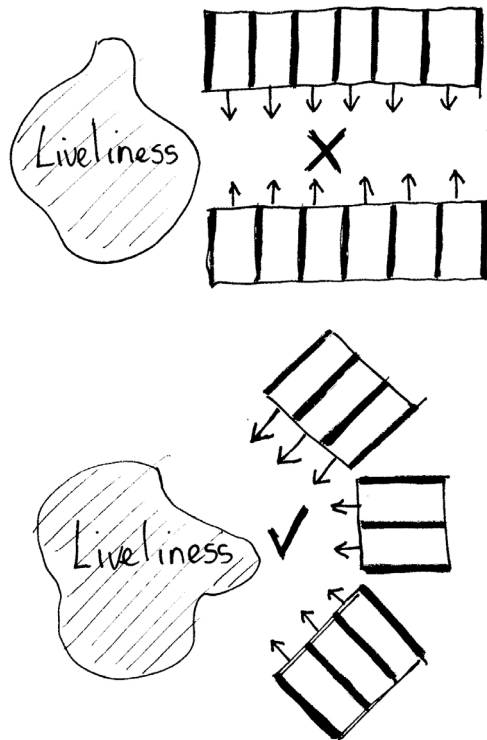
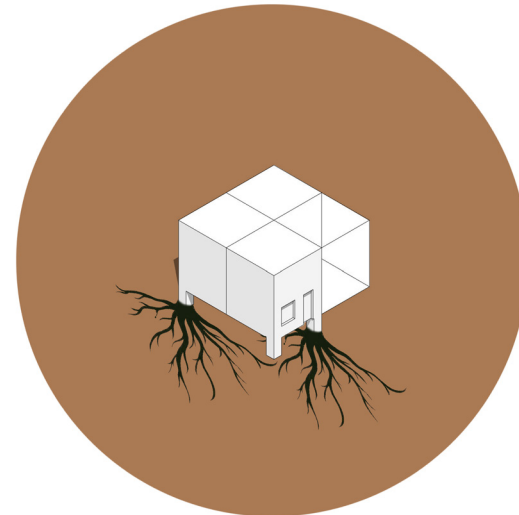


Figure 23: A unobstructed view on liveliness stimulates social involvement

Another personal aspect that impacts social involvement is that of time. Building social relationships with both neighbours and carestaff takes time. The interviewed resident of the care home (B1) also mentioned this aspect indirectly:

B1: 'If he (the GP) doesn't come, then his female colleague will. That's fine, I'm used to that.'

The built environment can not offer more time, but it can offer more possibilities to stay longer at your own home by offering flexible and life cycle proof living (co-dividuality 4). This does increase the chance of growing built relationships.



Co-dividuality 4: Life cycle proof living increases social involvement

Floorplans can be set-up in a way that allows for multifunctional use for different target groups and for different phases of life. Figure 24 shows a conceptual example of it.

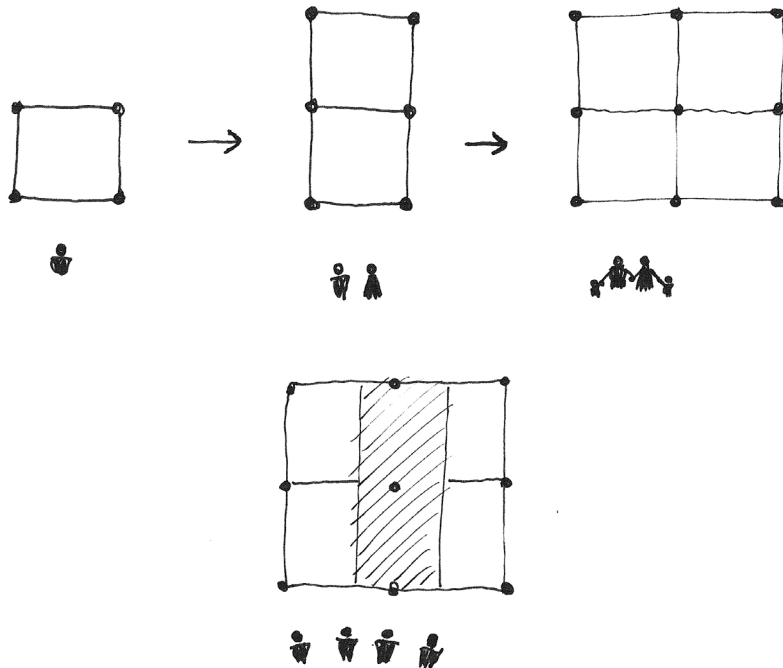
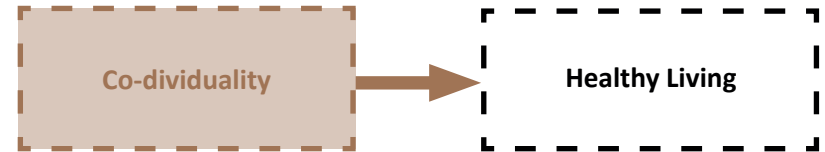


Figure 24: A modular floorplan supports life-cycle-proof living, allowing for local relationships to grow over time. Different set-ups can be made that support different phases in life.

Personal health

The first part of this chapter is about the aspects that directly impact reciprocity by looking at the needs of elderly. This second part is about the aspects that are indirectly related to reciprocity. Using the knowledge from the previous chapter and already knowing the outcomes of the interviews, co-dividuality can be connected to healthy living.



Personal health: autonomy

The first example is the co-dividual aspect of autonomy. The aspect was already shortly mentioned in relation to being of equal value. Having a sense of control reduces stress, thus improves health (Ulrich, 2000). In the context of living, stress is a problem that both affects comfort and wellbeing. Reducing stress therefore leads to more healthy living. So having a sense of control not only increases own autonomy, but also increases comfort.

Nearly all interviewees mention the importance of the topic of autonomy. Some interviewees give other words to it, like 'being your own director', or 'independency'. To emphasize the importance of the topic, several interview quotes are written down below. One can already see a wide variety of forms of being autonomous.

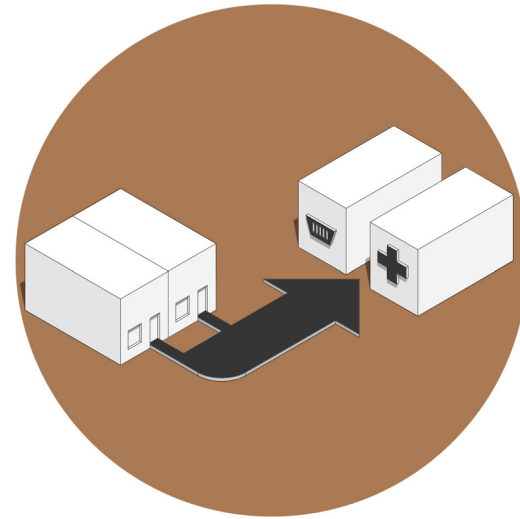
The geriatrician mentions the importance of autonomy:

A2: What is important for the elderly in housing? Maintaining their independence. We as geriatricians do a lot of pre-operative screening or screening of vulnerability when people have to undergo a certain treatment and you also discuss what is important to them and then very often 'maintaining independence' comes up.

The spiritual counsellor relates autonomy to cooking, what food you eat and doing groceries:

A1: When I look at where I work, I see especially in the somatic department, so the people who need care but whose minds are still clear, I see that they have a great need to be in control. That they decide what they eat, that they can cook for themselves. They want to put their own air fryer in their room, which is not allowed at the moment due to fire hazards. They lose that bit of control there, and that is one of the most important things they miss there. (...) It is also nice if you can go shopping yourself. That you don't always have to ask others to do your shopping. (...) Make sure that there is a shop nearby, it's nice if it's at walking distance.

The Interviewee of Abtswoude bloeit connects the proximity of (informal) care to living independently (co-dividuality 5). *C2: It is important (...) that you are not dependent, for example, on your children or on people around you, but that there are people around you who can help, no matter what.*



Co-dividuality 5: nearby resources increase autonomy

The sociologist mainly related autonomy to social needs:

C1: I think it is nice to have people around you. You have your ownspace but you are not alone. But not that you are dependent on visits from children and grandchildren.

The dementia nurse mentions a lot of aspects that relate to autonomy, because this is of high importance for elderly suffering from dementia:

A3: In people with dementia and in the elderly in general, control is very important.

At her workplace of Zorgerf Putten they really try to provide a sense of autonomy for the elderly in the program of the built environment:

A3: The people who are locked up in an old people's home have no choice. They simply cannot get out. These people in Putten can still choose: 1. do I walk out, 2. do I walk to my own apartment 3. Do I go to the chickens 4. do I go to the pigs or 5. do I rake leaves. These people have a choice. That does a great deal for the self-esteem of those people.

Different choices for daily activities can attribute to a sense of autonomy (co-dividuality 6). These activities should be facilitated in the built environment (figure 25).

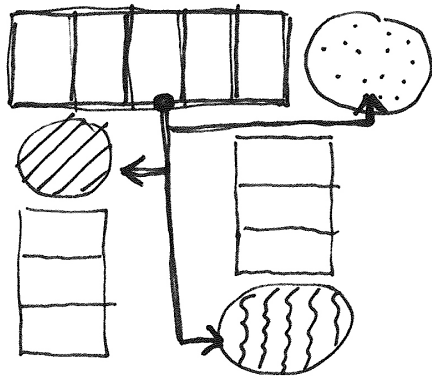
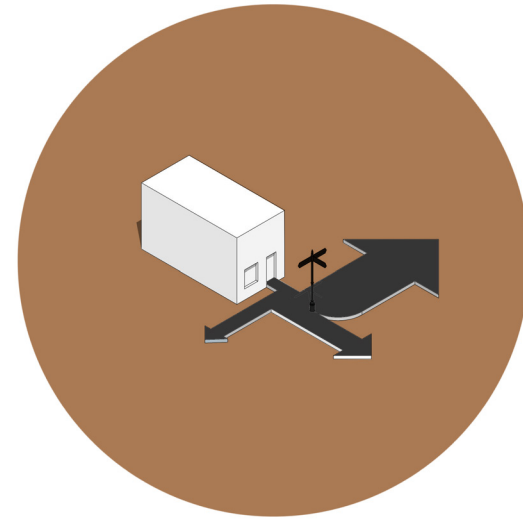


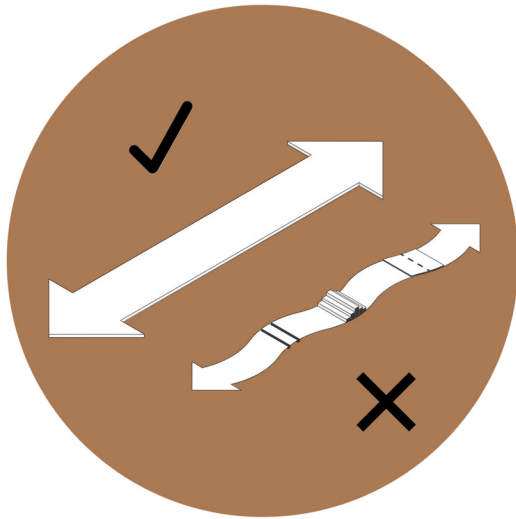
Figure 25: Difference in facilitated daily activities enable choice, thus increasing autonomy



Co-dividuality 6: Choice in daily activities increase autonomy

One aspect of autonomy she mentions is a more social one:

A3: Well-being (in this ground-floor design) is much better than on a second floor where people cannot go outside either, there is too little freedom of movement: to avoid each other, to seek distraction and much more proximity and presence.



Co-dividuality 7: Elderly proof routing and interior increases autonomy

She connects this aspect to the built environment:

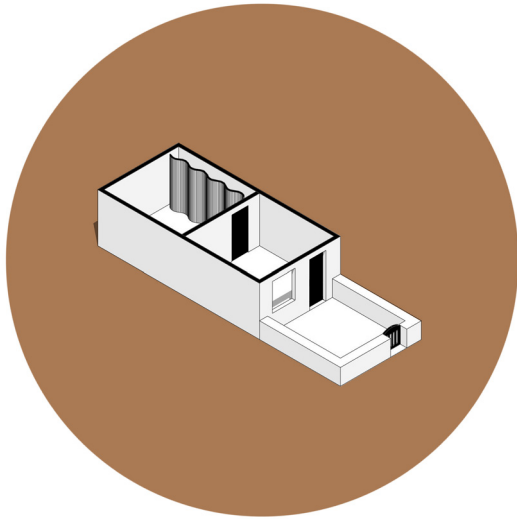
A3: They walk out restlessness. So people with dementia are often very mobile and just need space to walk. (...) Don't make a straight corridor with an end and a beginning. Let them walk around.

For this need to be facilitated, routing has to 'elderly-proof': elderly need to be able to walk outside without being obstructed by obstacles as high stairs or a lot of thresholds (Co-dividuality 7).

The resident of a care and living centre also mentions this aspect of trying to stay as independent as possible. She talks about controlling certain parts of her house, but also about more social needs like privacy, in line with 'Co-dividuality 1' :

B1: It's annoying that I can't reach the buttons on the sunshade. (...) Then I have to ask the nurses again and that's annoying. (...) The curtains also have to be closed sometimes. Because there's a window in the corridor, and then you can see right through the house. I don't like that. Then I have to call the nurses again, that's not nice. (...) The kitchen unit is also too high. If people just walk, that's fine, but I'm sitting low, I can't reach it.

Several other architectural examples can be given that allow for being your own director in your home: Adjustable heating/cooling, adjustable light, well done acoustic insulation to be able to withdraw from noise, being able to regulate ventilation, etc. But also some more social aspects are important: being able to leave your door open/closed, being able to cook your own food in your own kitchen or being able to retreat to your private space.



Co-dividuality 1: A feeling of autonomy is supported by a divide between private and public zones that can open up by choice

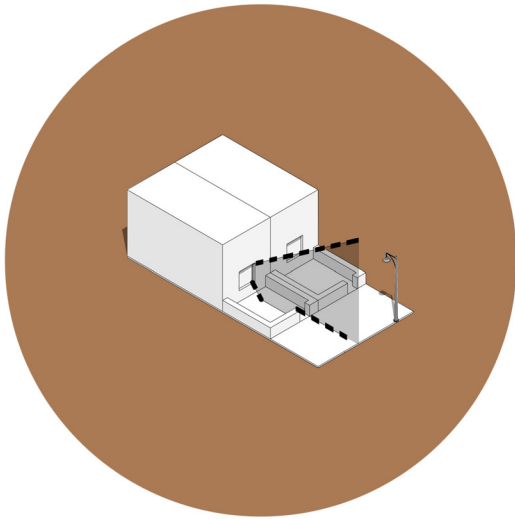
Personal health: feeling safe

Another aspect that came up during the interview with Schroeder was that of elderly wanting to feel safe:

B3: What you see emerging in society over the past 10 to 15 years is the credo that the elderly want to stay at home. Research shows that this is only partly true, because people mainly want to feel safe. If that can be done in their home environment, that's fine, but if it can be done in a courtyard, that's fine too.

When asked for the source, the interviewee mentioned a research of the Ministry of Health, Welfare and Sport in 2019. According to the interviewee, feeling safe is another important requirement for elderly in living. This can be influenced by the living environment in several ways. A lot of worldwide research on this topic already has been done under the label of 'Crime Prevention Through Environmental Design' (short: CPTED), resulting in five categories that impact safety: Surveillance and visibility, Territoriality, Access and escape routes, Image and aesthetics, Target hardening (Bennetts et al., 2017). Other mentioned aspects are: activity, maintenance, sight lines but also reveals the importance of familiarity and personal safety strategies. Two of these findings are elaborated on.

One aspect that contributes to the feeling of safety is that of social involvement. If one knows their neighbours, strange people with wrong intentions are more likely to be spotted. This aspect shows another argument for facilitating social involvement, which is elaborated upon in chapter 3.



Co-dividuality 8: Increased safety by eyes on the street improves quality of living

Another aspect that impacts safety is visibility (Co-dividuality 7). Criminals want to stay anonymous as far as possible and when there are a lot of ‘eyes on the street’, crime is less likely to happen. Design can influence this by organising sightlines and reducing blind spots.

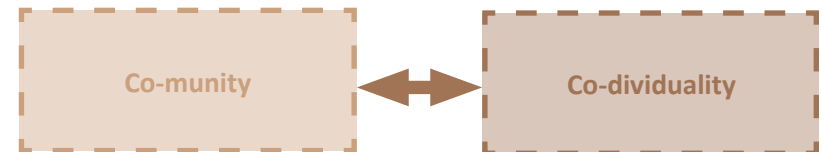
Not only physical safety, also social safety plays a role in well-being. One of the interviewees of Schroeder explains that when people feel safe, they are more likely share their problems and ask for help.

C3: 'As soon as people feel comfortable in the community centre environment, you will see that they automatically come with questions. For example, about living conditions, poverty, domestic violence, abuse, problems with money or debts, housing or food.'

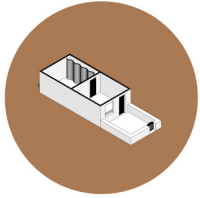
In the community centres of Schroeder they do this by making space for people, being welcoming and by listening well. This aspect of feeling safe lowers the threshold to ask for help. This is also important in reciprocity.

Personal health: social involvement

A common denominator among these needs is that all of them are socially related and need a social context in order to be fulfilled, hence the chaptername of ‘co-dividuality’. Chapter 3 about co-munity goes in depth on facilitating these social relationships.



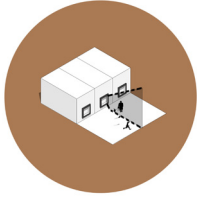
Summary chapter 2: Co-dividuality



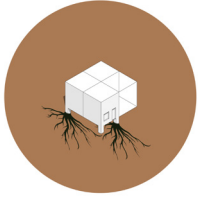
Co-dividuality 1: A feeling of autonomy is supported by a divide between private and public zones that can open up by choice



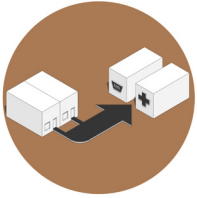
Co-dividuality 2: Facilitate personal uniqueness to stimulate a feeling of equality



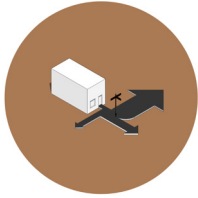
Co-dividuality 3: A view on liveliness stimulates social involvement



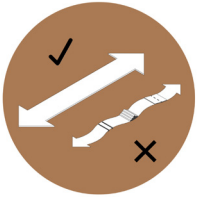
Co-dividuality 4: Life cycle proof living increases social involvement



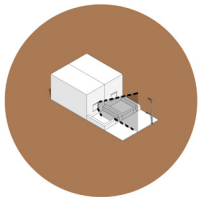
Co-dividuality 5: Nearby resources increase autonomy



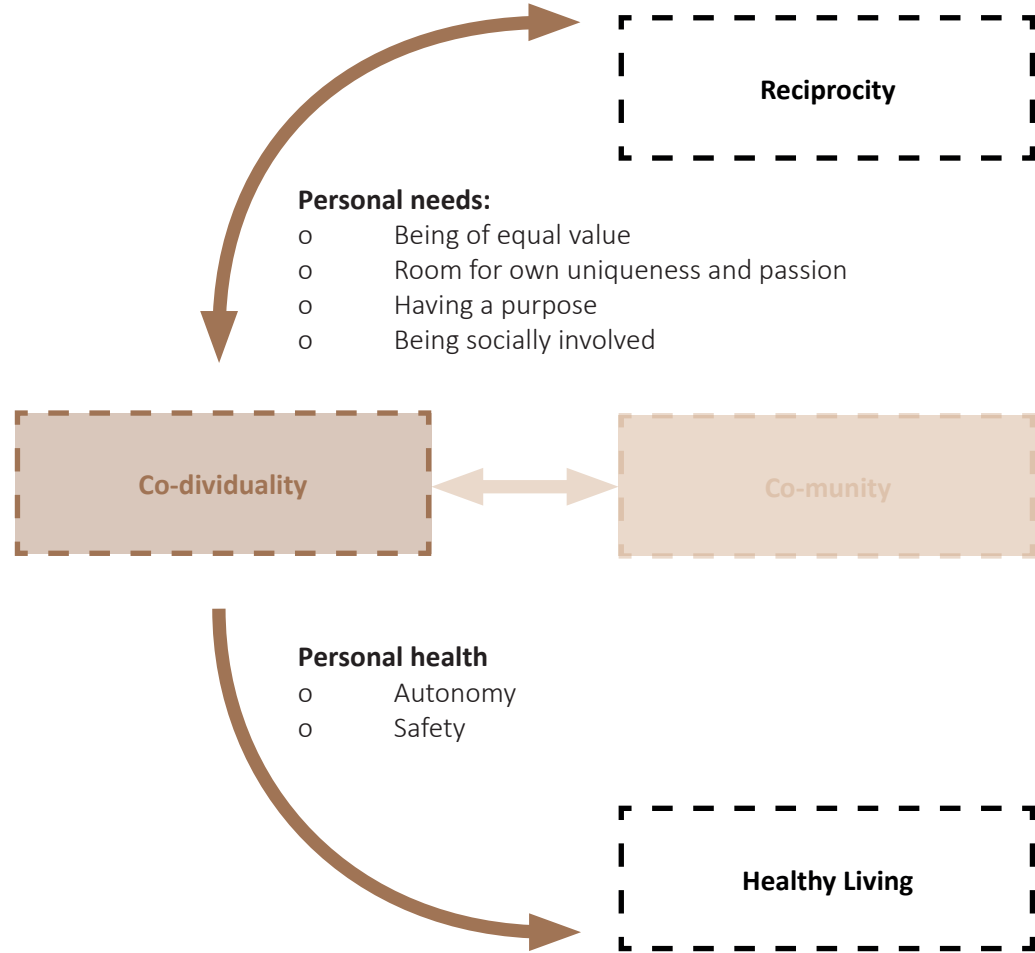
Co-dividuality 6: Choice in daily activities increase autonomy



Co-dividuality 7: Elderly proof routing and interior increase autonomy



Co-dividuality 8: Increased safety by eyes on the street improves quality of living



Co-munity

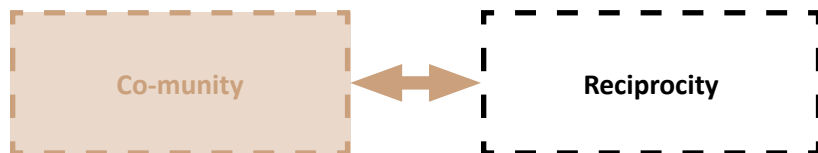
Chapter 3: Co-munity

Why Co-munity?

Previous chapters partly showed the importance of a social environment when thinking about care in the future. In chapter one, several interviewees independently said that considerable part of care and health is social. They talked about the importance of being socially connected for personal health. Moreover, communities can reduce workload of the care staff by acts of reciprocity. Chapter two show patterns in individual needs, most of which can not be fulfilled without a social context.

With the importance of thinking about the social context being clear, this chapter will add to this by showing examples of reciprocity. After this, observations of the 'fertile ground' for reciprocity to happen are analysed and the translation to the built environment is made.

Reciprocity, by definition, exists between multiple people. The main question in the built environment is how to compose the living environments of multiple people to form communities. The 'co'-part in co-munity is emphasized to highlight the importance that a community is formed together.



Intergenerational reciprocity in general

When asked what different generations can mean for each other in general, the sociologist approached it from a more general perspective:

C1: 'As an elder you have: 1. Have some life experience. 2. You have time, especially more vital older people. 3. In addition, you just have your personal qualities: someone who knows a lot about gardening, someone who is very handy with handicrafts.'

The topic of life experience or 'wisdom' was repeated by most interviewees.

The sociologist also named different characteristics of younger people:

C1: '(As a young person, you have) a little less time, a little less life experience but you do have your physical strength, personal qualities or just your company.'

During the interviews, a lot of examples were given of young people using their physical strength to help elderly.

The counsellor added to this topic of company, emphasizing that it is very important for most elderly:

A1: 'But I also find it beautiful how much joy older people derive from contact with younger generations. How they live now, the choices they make, and the attention they receive makes them feel valuable and seen.'

A lot more of these general examples were given of what elderly can offer other generations and vice-versa. All examples can be seen in the interviews in the appendix



Figure 26. Reciprocity with the neighbourhood in care, as seen in 'het Elzeneindhuis' (image taken from <https://slowcare-nederland.nl/>)

Examples of reciprocity in the built environment

One example seen of reciprocity facilitated by the built environment was that of the Elzeneindhuis in Os. In this care facility for handicapped people they tried to form reciprocal relationships with the neighbourhood. Neighbours are invited for coffee, making apple pie together or making music together (figure 26). In return, the residents of the Elzeneindhuis collect empty bottles from the neighbourhood and bring them to the bottle bank. This offers both parties a social activity. According to their site, many older people look forward to this activity in which they make time for a chat.

The combination of mentally handicapped people and elderly seems a good fit. At the workplace of the the spiritual counsellor elderly had a reciprocal connection with handicapped people:

A1: 'We have a shop, which is run by people with mental disabilities. They sometimes do the shopping and deliver coffee and tea.'

Another example on a smaller scale in the built environment was given multiple times, namely that of the informal care home (aanleunwoning). Among others, the dementia nurse suggested the idea of proximity enabling reciprocity:

A3: 'The informal care home, then you have your own family member and then you could say that they babysit as an after-school care service, when both mothers and fathers are still at work, the child comes home on its own bike and they go to grandpa and grandma for a cup of tea or they play a game together or something. Then you have a kind of babysitting function.'



The last example is that of the living room and garden of residential community 'taste', which also offers opportunities for reciprocity. Located in the neighbourhood of Voorhof in Delft, the residents of Taste originally tried to be of value for Voorhof by providing a place to meet and eat together. Despite being the formal owner of the place, the residents divide up responsibility for café-shifts among the people who regularly visit: *C4: 'The elderly also work behind the bar here.'* (figure 27)



Figure 27. Reciprocity with the neighbourhood in a residential community (image from interviewee C4, resident of Taste)

Examples that did not meet expectations

Aiming to facilitate reciprocity in the built environment is a nice goal, but in practice it does not always work. The dementia nurse shared one experience she had with it:

A3: 'In the nursing home where I worked, there was also a kindergarten, and the idea was that there would be reciprocity and that the elderly would help the children as a kind of activity. But that really turned out to be a big flop. It was too intense for the elderly. And today's education doesn't match the experiences of the elderly either. The generation gap was too wide.'

The resident of Abtswoude Bloeit (interviewee C3) also shared his experience regarding mixing different generations in housing:

C3: 'A classic example of what happened at the beginning of Abtswoude bloeit was that the idea was 'let the students and the elderly eat together'. That we would organise meals at the end of the day. What happened then was that students stayed at the TU until half past five or six and then came home to eat. Elderly people are used to having dinner between five and five thirty. The elderly are not prepared to switch and change the time of day and neither are the students. In short, it won't happen.'

He also explained some more about why it did not work according to him:

C3: The problem is often that older people live at a very different pace to students. (...) I often see a mismatch there: if, as an older person, you want something from a student, then this often takes up too much time for the student, so a five-minute chat is out of the question because then you're busy for three quarters of an hour. Three quarters of an hour is a lot for a student.

Matching target groups was highly important according to him.

What is needed for communal reciprocity to happen?

With the previous examples there is insight what potentially could work and what not in order for reciprocity to happen. However, the 'mechanics' or 'fertile ground' of this is not discussed. What makes the aim for reciprocity fail or succeed? The central question for this chapter is: what is needed in order for reciprocity to happen? The answer to this question was discovered during the interviews when asking the question 'What would you want do for elderly in the neighbourhood?'. The interviewees gave the several answers.

The geriatrician answered the question with what she was willing to do, and ended her example with this sentence:

A2: (...) 'But I don't know many old people in the area, there are plenty of them.'

The resident of Taste responded with a story:

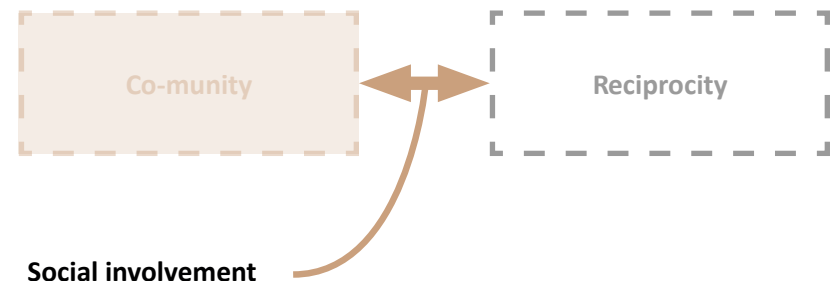
C4: Well, that's not directly related to living here, but I used to have a neighbour in the flat who I went to sometimes and did some shopping for during corona. That's a very practical thing I could do now. But in general I don't know.

Both have something in common: they are willing to help, but in practice it does not happen until the person they help is in their direct proximity. Facilitating reciprocity then is not only about increasing willingness, but about facilitating small-scale environments in which people notice a need for help.

In regard to elderly, informal care and willingness to help, the sociologist already put an emphasis on linking people together. He thought that that would be the most important aspect of elderly care in the future:

C1: 'I think that linking things like that (reciprocal activities) together is and is becoming more important as well. So initiatives like those, with the question 'who has time to spare?''

This pattern of more likeliness to help others when they are nearby can be explained by neurological research. Research shows that when there is positive interaction between people, empathy increases (measured by scanning the brain on feeling painresponse when the other person shows facial expressions of pain), thus increasing the willingness to help other people (Avenanti et al, 2009). Both willingness and proximity are influenced by being socially involved, and this is important for reciprocity to happen.



What is needed for social involvement?

Being socially involved can be done on three more levels: in the direct environment, in the block and in the city. Putnam (2000) makes another comparable categorisation of 'social capital' that is distinguished in three parts: 'Bonding' (belonging to a group and having social contacts), 'Bridging' (having social contacts with other groups, for example between immigrants and natives) and 'Linking' (participating in society). All three of these connections need to be made in the built environment.

Social involvement: bonding

The first layer stimulates 'bonding': belonging to a group. The built environment can facilitate this in the direct environment of the home through certain types of common spaces.

An excellent example of facilitating social involvement can be seen in Le medi in Rotterdam. This housing project consists out 93 houses, clustered around a street and a central courtyard designed in mediterranean style. The surrounding neighbourhood of Bospolder Tussendijken is a relatively unsafe area (Leefbaarometer, 2022). Le Medi is experienced as a safe haven in the context of this neighbourhood. Residents love to live here and are socially involved with each other. Among other things, this is confirmed by several news articles, for example the article 'Voelt iedereen zich nog wel thuis in het nederlandse huis?' (De Lange, 2020). The residents themselves also confirm this notion of safety and social involvement during a site visit (figure 29 & 30).



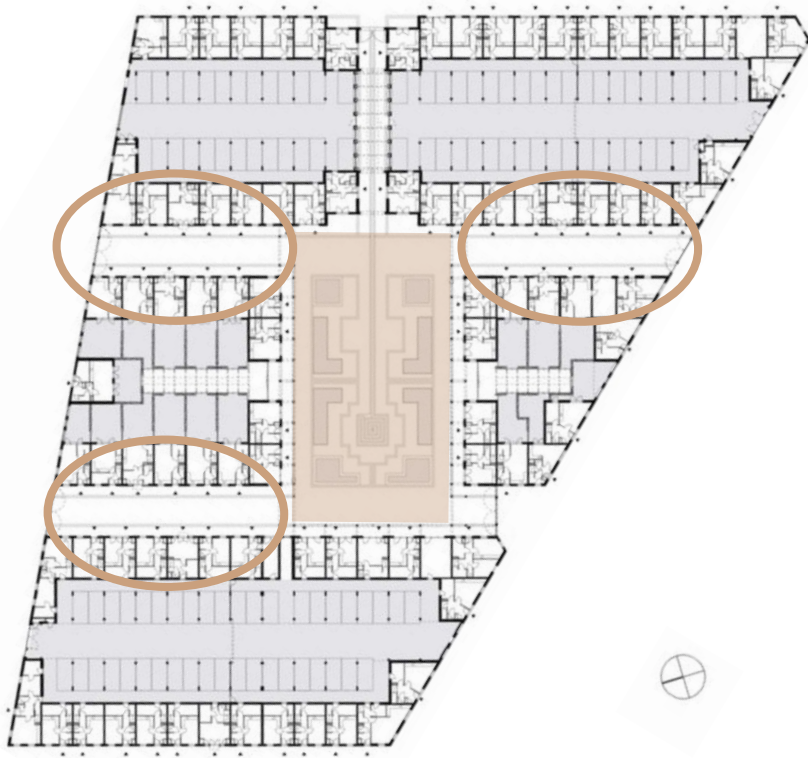
Figure 28. Le Medi in Rotterdam as an example of 'bonding' (source: author)



*Figure 29. Residents of Le Medi meet in the central courtyard
(source: author)*



*Figure 30. Resident of Le Medi elaborates on social involvement
(source: author)*



When talking to one of the residents, she explained that the streets were more socially involved than the side she lived on, on the outer ring of the project. The clustering of these houses, having the street in common and being able to see the neighbour likely caused this higher level of social involvement. Each cluster of houses contains approximately twelve houses in one street, with accessibility to the central courtyard (figure 31). The aspect of the block being closed off after 19:00 in the evening might also contribute to the sense of collectiveness. One of the conclusions that can be drawn from observing Le Medi is that designing a small scale cluster of houses positively impacts social involvement (Co-munity 1).

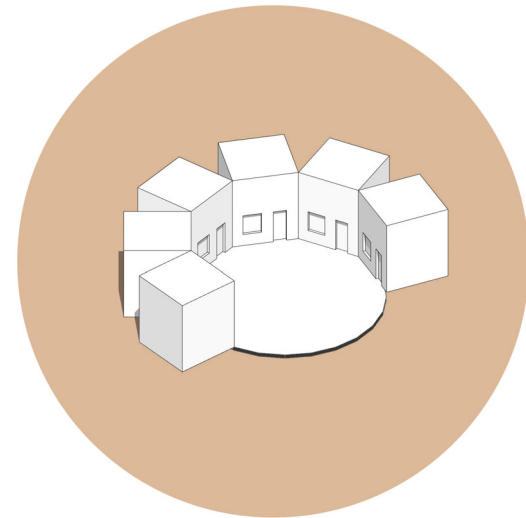


Figure 31. Le Medi Facilitating social involvement with clusters and a bigger square for the whole block (Plan by GEURST & SCHULZE ARCHITECTEN, own edit)

Co-munity 1: Conceptual model for social involvement. A clustering of eight to twelve houses with a common space

In his book 'pattern language', Christopher Alexander also writes about these kinds of clusters (Alexander, 1977). He thinks the optimal arrangement of houses is by having identifiable clusters of eight to twelve households around common land and paths (Figure 32).

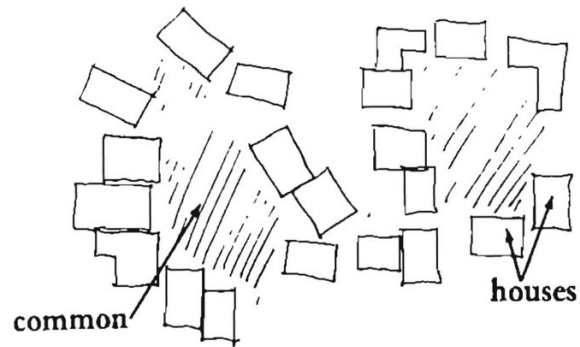


Figure 32. Alexander's pattern: a cluster of houses (Source: Alexander, 1977, p. 202)

This clustering of houses can be done in different ways. Some conceptual examples are given below, taking to account stackability for a high-density design environment (figure 33).

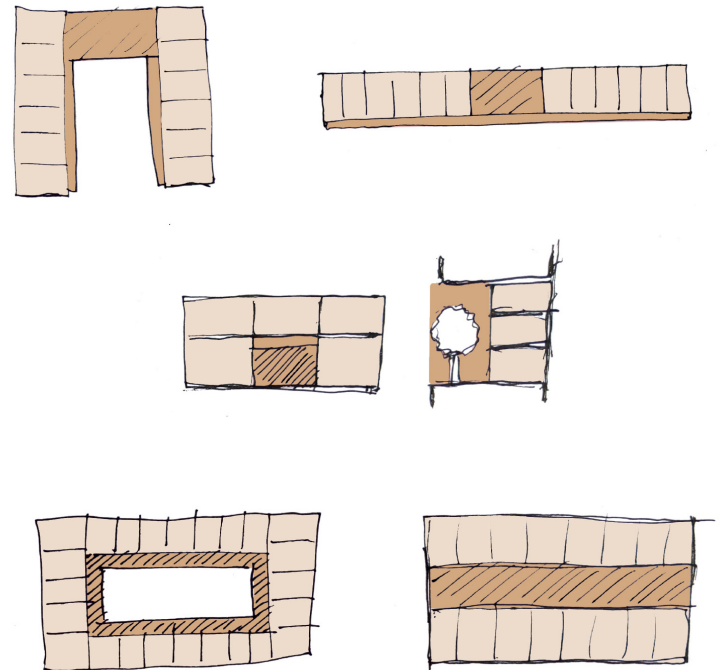
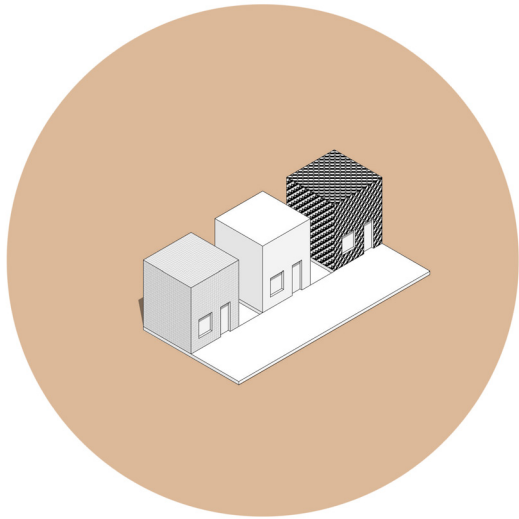


Figure 33. Different organisations of houses facilitating social involvement (source: author)

Not one of the clusters of these houses in Le Medi is the same (figure 34). By making use of different colours, a unique identity is given to each house, but also to each cluster, because they all have their own colour scheme, creating a unique communal identity per street (co-munity 2).



Co-munity 2: Different materials and colours can be used to create a common identity with neighbours.

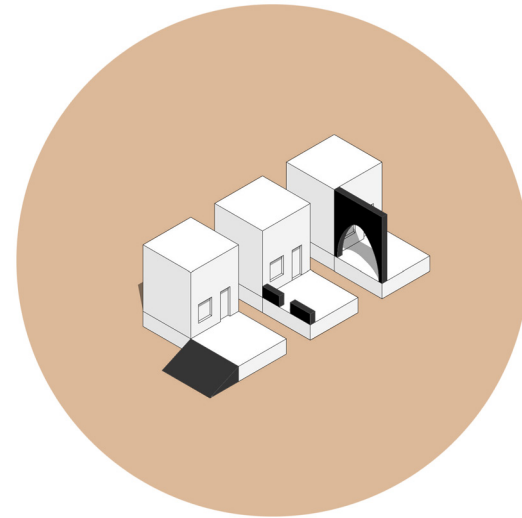


Figure 34. A sense of uniqueness and a common identity is created by making use of different appearances (source: author)



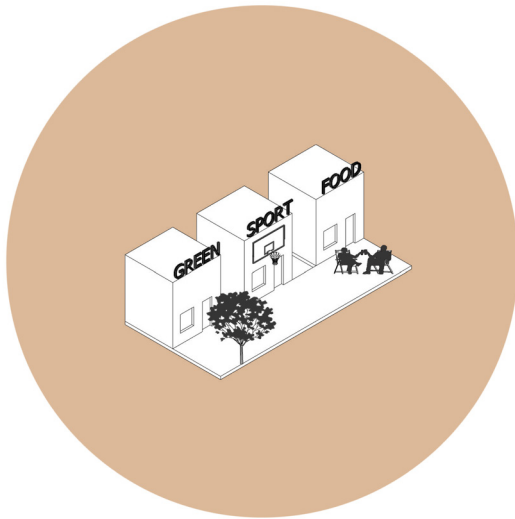
Figure 35. Spatial design tools in Le medi increase a sense of collective ownership

Material is not the only tool used by the architect. Also in spatiality the designer tried to create a sense of collective ownership by using gates, covered areas, distinct street pavement and pergola's (figure 35). Making use of distinct spatial elements to highlight a cluster attributes to a sense of collectiveness (Co-munity 3).



Co-munity 3: Different spatial strategies can be used to increase a sense of collective identity and stimulate collective ownership

The strategy of using material and spatial tools are not the only means that the architect can use to increase a sense of collectiveness. In line with the other means, the end goal of these architectural means is to create a distinct environment. This can also be achieved by adding different themes to the clusters (co-munity 4). These themes can be adapted to different lifestyles of residents, for example a 'nature'-oriented cluster or a 'sport'-oriented cluster.



Co-munity 4: Adding themes to clusters increase a sense of collective identity

Social involvement: bridging

Aside from social involvement in the direct environment, social involvement can also happen between groups. This is called 'bridging'. In the interview with Schroeder, this aim for facilitating social contact was mentioned. Facilitated by their social second-handshop, Schroeder tries to connect people by organising activities: *C3: 'To create that solidarity, you use activities: lunch, or a trip, or a game of shuffleboard or checkers.'*

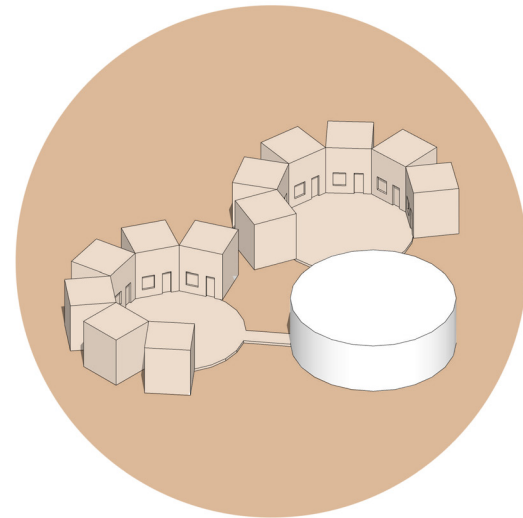


Figure 36. The central square in Le Medi facilitates 'bridging'

A common activity allows for relationships to grow, because it creates common ground. This principle of creating common ground is used for the second layer the conceptual model. It allows 'bridging', contact with other groups. The strategy behind this layer is to facilitate common interests, for example woodworking, drinking coffee or making music.



In Le Medi, a space that facilitates bridging can also be seen (figure 36). The central square allows for common activities and connects people from different clusters and therefore contributes to bridging (co-munity 5). This space is sometimes used for BBQ's with the whole block, or people celebrate their birthdays here.



Co-munity 5: A second layer in the conceptual social model facilitates 'bridging'

The shared collective spaces in residential community Taste can also be seen as a place that facilitates bridging. The café and garden bring people together by facilitating activities that connect people with each other (figure 36 & 37).



Figure 37. Taste facilitates 'bridging' in the garden (Source: interviewee C4)

'Why do the elderly come here?'

C4: It is cosy and it is nice to hang out with people from your neighbourhood.'



Figure 38. Taste facilitates 'bridging' in the café (Source: interviewee C4)

Because the common space within taste felt more private, the residents themselves feel more responsible for running the place. In turn, some people from neighbourhood felt less responsible for helping run the café. The interviewee of taste was consciously thinking about that topic, because reciprocity was an important topic for him. Dividing up equal responsibility is a part of reciprocity for him. This aspect of equal responsibility is also influenced by architecture, as explained by the interviewee:

C4: 'I noticed at the beginning that I was doing a lot of things for people. Now it's fine not to run all the time and not to feel responsible for everything. (...) There is a conscious separation between the residential community and the activities down here. Maybe this sounds crazy, but I've also walked here from the outside instead of from the internal corridor.'

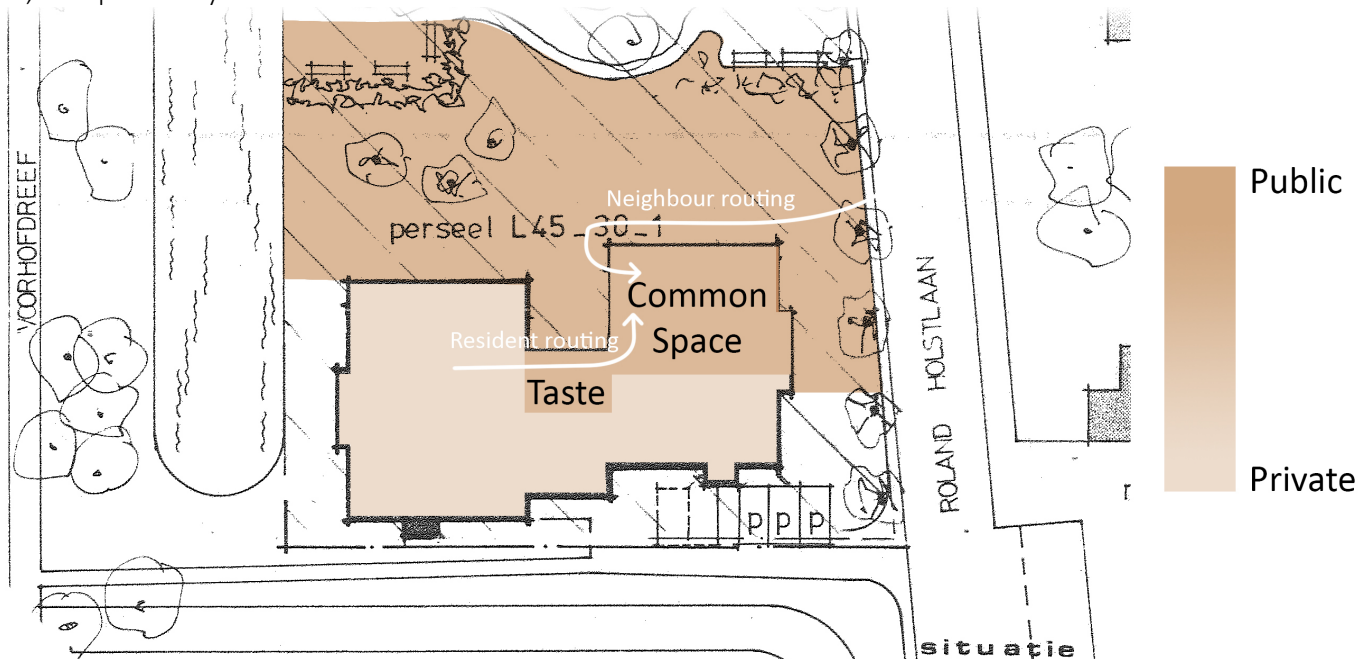
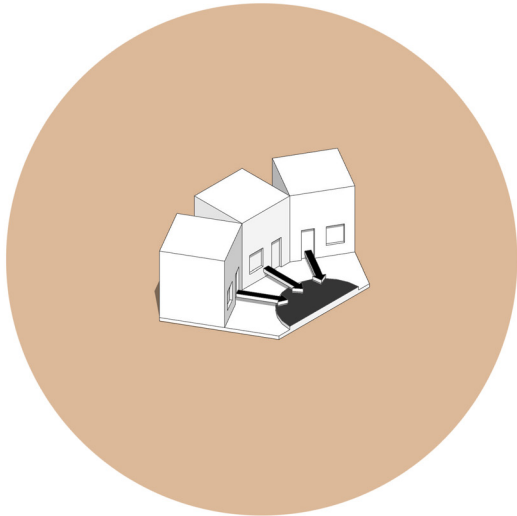


Figure 39. Routing and distance affects a sense of responsibility

The interviewee explains how he changed his behaviour to stimulate a shared sense of responsibility. Coming in to the common space from the outside made him feel more on a equal level with the neighbours and more as a guest. One can observe and conclude that the routing and level of publicness effects the sense of responsibility (figure 40). For a sense of equal responsibility for common spaces, the routing towards it should be of the same level of publicness (community 6).



Co-munity 6: Facilitating sense of responsibility is important for reciprocity and bridging

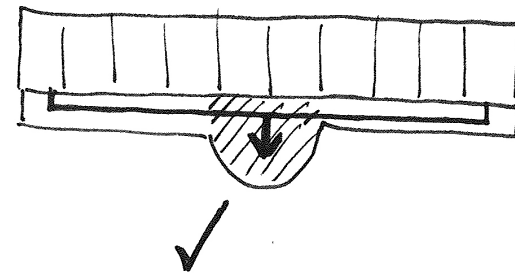
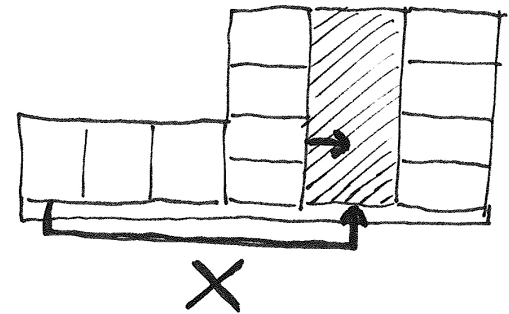


Figure 40. Comparable distances to collective spaces increase a sense of collective responsibility

The aspect of routing can be used even more to facilitate more social interaction. The resident of a care and living centre told that she regularly spoke to people when going on her daily tour through the hallway:

B1: 'Every now and then, you still meet people in the corridor. When I walk around with the rollator, I sometimes run into people. Then you have a chat and say 'how are you?''

Routing can be designed so that it overlaps with other functions in order to stimulate unplanned interaction (co-munity 7). This notion of stimulating unplanned interaction is also mentioned by Van Kempen et al (2015). He acknowledges the difficulty of facilitating social involvement and suggests stimulating short interactive moments by adding a mixing of functions among other things.



Co-munity 7: Designing routing that overlaps with other functions stimulates unplanned interaction

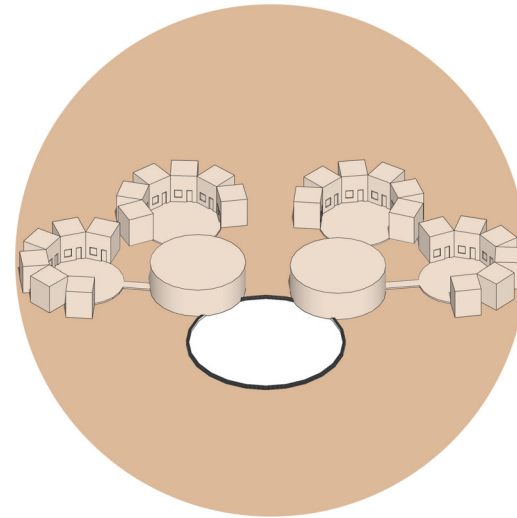
Social involvement: Linking

The last form of social involvement is about participating in society. Social second-hand shop Schroeder can be seen as a prime example in this form of social involvement.

The third layer links people with society and can also offer a place to volunteer for younger elderly. Talking about their approach to facilitate social involvement on the level of society they said the following:

C3: That human aspect and the low threshold are of paramount importance to us. It's easy to walk into the thrift shop, there's no taboo. If you think you're looking for a nice lamp, you just walk in. The fact that a social manager happens to be there can be a good thing, but you don't have to do anything with that.

Like seen in the social second-hand shops of Schroeder, overlapping a social function with one that is 'normal' and that connects with the city, lowers the threshold for social contact and can lead to unplanned interaction (figure 41). That is why the second and third layer are overlapping in the icon (co-munity 8).



Co-munity 8: Facilitate linking by combining regular needs with social ones

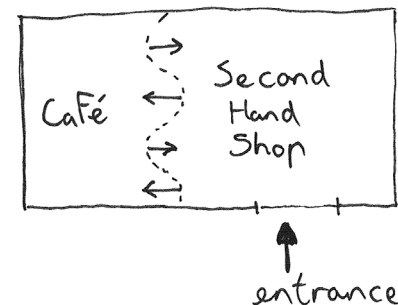
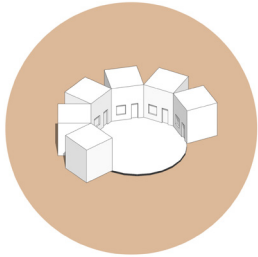
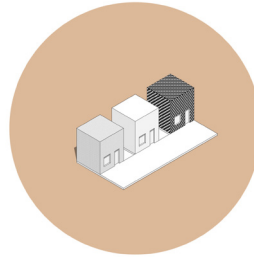


Figure 41. Lowering social thresholds by combining several functions like seen in one of Schroeder's Second hand shops.

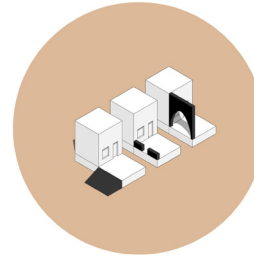
Summary chapter 3: Co-munity



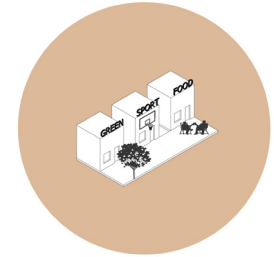
Co-munity 1: Conceptual model for social involvement. A clustering of eight to twelve houses with a common space



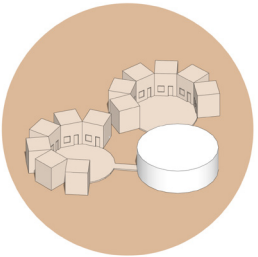
Co-munity 2: Different materials and colours can be used to have something in common with neighbours.



Co-munity 3: Different spatial strategies can be used to increase a sense of collective identity and stimulate collective ownership



Co-munity 4: Adding themes to clusters increase a sense of collective identity



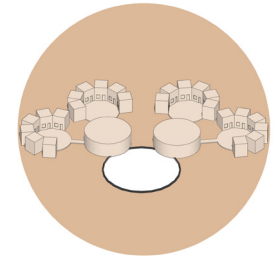
Co-munity 5: A second layer in the conceptual social model facilitates 'bonding'



Co-munity 6: Facilitating sense of responsibility is important for reciprocity and bridging

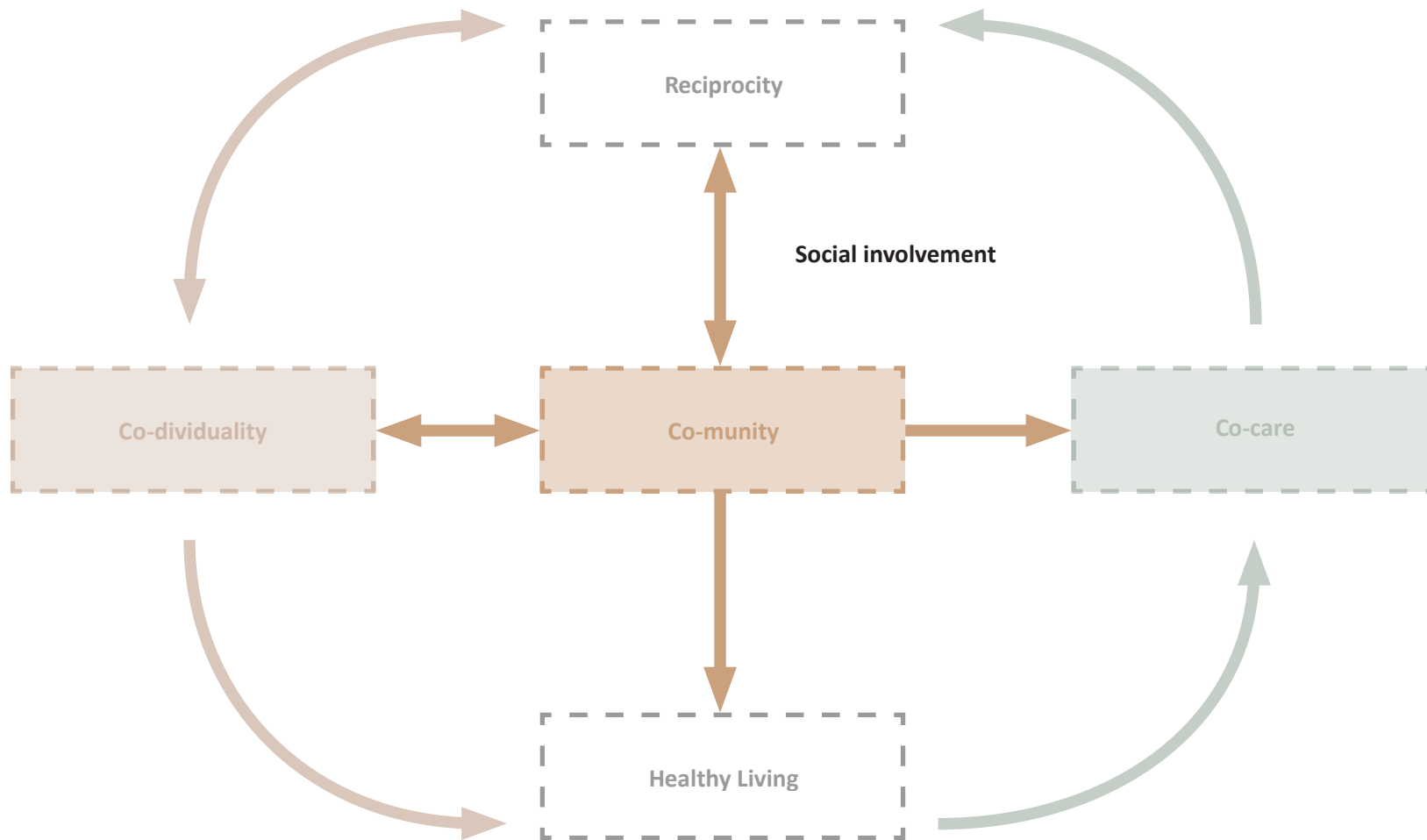


Co-munity 7: Designing routing that overlaps with other functions stimulates unplanned interaction



Co-munity 8: Facilitate linking by combining regular needs with social ones

Summary chapter 3: Co-munity



Conclusion

Conclusion

The number of elderly is growing rapidly. Different societal problems that already exist will continue to grow if nothing changes in policy, like a shortage of care staff, a shortage in housing, loneliness among elderly and other problems. Facilitating intergenerational reciprocity can contribute by addressing these problems and offering a healthy future of the elderly with enough care capacity. The main question *'How can architecture support reciprocity in intergenerational relationships that include elderly?'* is answered from several perspectives and translated into architectural interventions. Three different perspectives are taken into consideration, directly and indirectly leading to reciprocity: Co-care, co-dividuality and community.

For reciprocity within professional care (**Co-care**), the workload needs to be reduced to create more room for reciprocity to happen. This workload can be reduced in two ways: Increasing care capacity and reducing the need for care. Among other things, increasing care capacity can be done by involving non-professionals. The first group that can be involved are the people who need care themselves. This is also a form of reciprocity, because the elderly then feel more useful and valuable. The second group that can be involved is the direct social context. It can both increase care capacity by helping with small care tasks, but it can also help to prevent a need for care by making people feel more socially involved. A significant part of the need for care is social, when this is provided by the direct social context, people feel better and have less need for care. Other interventions in the built also contribute to increase the care capacity by adding a new concept in the neighbourhood: the healthhub. This concept can facilitate care like antibiotic infusions or

rehabilitation that can not be given by the general practitioner. It therefore reduces the amount elderly that need to go to expensive hospital care. Furthermore, the healthhub can be combined with other health promotive functions like sports and nearby facilities. To reduce the need for care, a health promotive environment can be designed. In essence this is about stress reduction or stress prevention. A connection to greenery, enough daylight and a comfortable environment free from noise and wind all can be seen as aspects that contribute to a health promotive environment.

For reciprocal relationships to happen within the personal context (**Co-dividuality**), elderly need to have a sense of equal value. This can be done in different ways, some of them being applicable for all elderly, like having distinct boundaries between public and private. However, other interventions need to leave room for own uniqueness of each elderly. Being socially involved also increases the sense of belonging and equal value. Social involvement can be facilitated in different gradations depending on the elderly themselves. For some elderly a visual connection with outside liveliness is enough to feel socially involved in society. For co-dividual reciprocal relationships to grow, time is needed. Architecture can allow for life cycle proof living to increase the chance of strong reciprocal relationships. Some co-dividual aspects also impact healthy living, thus indirectly impacting reciprocity. The built environment can facilitate healthy living by enabling autonomy through elderly-proof routing, nearby facilities and offering choice in daily activities. A feeling of safety also affects health, which can be facilitated by designing visibility and familiarity.

Co-munity functions as the catalyst of all mentioned aspects. For reciprocity to happen within community, there needs to be social involvement. Social involvement can be distinguished on three different levels: Bonding, bridging, and linking. Bonding can be facilitated by ordering houses into recognisable clusters. Communal identities in these clusters can be strengthened through spatial, functional and material means. Bridging is facilitated by adding space for common interests. The walking distance towards these spaces should be equal for the residents to have a sense of shared responsibility. Linking can be facilitated by combining social functions with regular needs. This offers a low threshold for meeting unknown people and increases the likeliness of social interaction to happen. Another architectural mean to increase social interaction is to design overlapping routing with other functions.

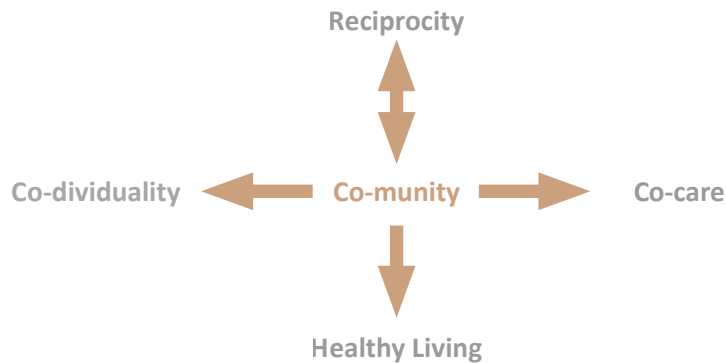


Figure 42. Co-munity as a catalyst for reciprocity and health

A visual overview of these perspectives and their relationship to reciprocity can be found on the next page. The page after it contains an overview of all architectural translations that are connected to this scheme. Taking the scheme of reciprocity into consideration, a positive feedback loop can be seen: more reciprocity means more personal health, which in turn means less need for care (figure 43). Stimulating social involvement also means that there is more reciprocity, but also directly impacts care capacity by adding informal care (figure 42). All topics discussed in this research are interconnected and when facilitated, they offer 'growth' of every other aspect.

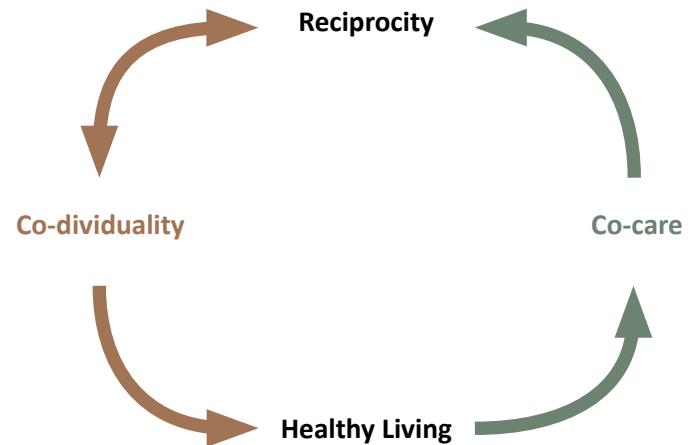
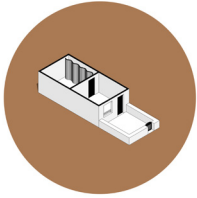


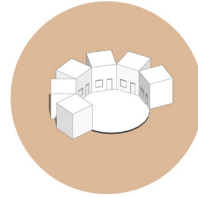
Figure 43. A positive feedback loop is created when reciprocal aspects are facilitated



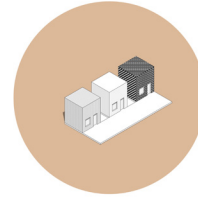
Co-dividuality 1: A feeling of autonomy is supported by a divide between private and public zones that can open up by choice



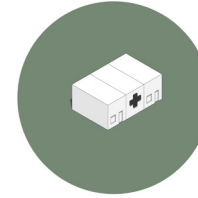
Co-dividuality 2: Facilitate personal uniqueness to stimulate a feeling of equality



Co-munity 1: Conceptual model for social involvement: A clustering of eight to twelve houses with a common space



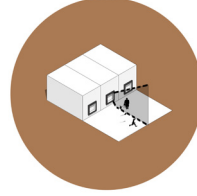
Co-munity 2: Different materials and colours can be used to have something in common with neighbours.



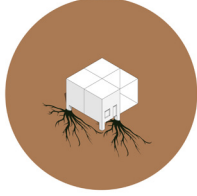
Co-care 1: A healthhub can provide efficient local care and reduce workload



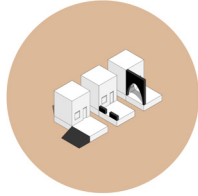
Co-care 2: A health promotive environment reduces workload in care



Co-dividuality 3: A view on liveliness stimulates social involvement



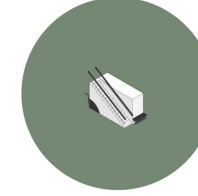
Co-dividuality 4: Life cycle proof living increases social involvement



Co-munity 3: Different spatial strategies can be used to increase a sense of collective identity and stimulate collective ownership



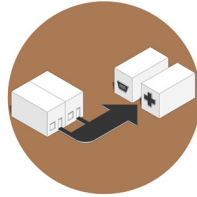
Co-munity 4: Adding themes to clusters increase a sense of collective identity



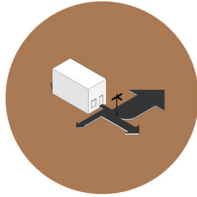
Co-care 3: Making physical movement in routing possible for elderly to increase health



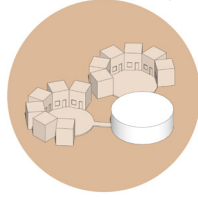
Co-care 4: Facilitate public sporting areas



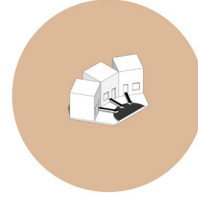
Co-dividuality 5: Nearby resources increase autonomy



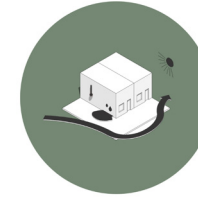
Co-dividuality: Choice in daily activities increase autonomy



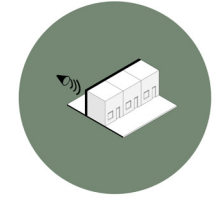
Co-munity 5: A second layer in the conceptual social model facilitates 'bridging'



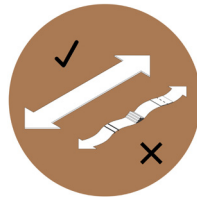
Co-munity 6: Facilitating sense of responsibility is important for reciprocity and bridging



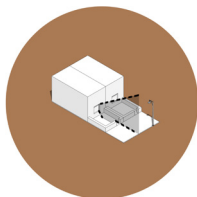
Co-care 5: Outside routing increases mental health



Co-care 6: Reducing noise-levels to prevent stress and increase health



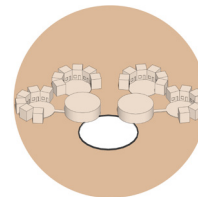
Co-dividuality 7: Elderly proof routing and interior increase autonomy



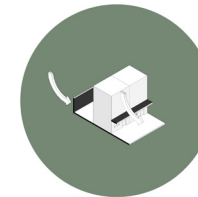
Co-dividuality 8: Increased safety by eyes on the street improves quality of living



Co-munity 7: Designing routing that overlaps with other functions stimulates unplanned interaction



Co-munity 8: Facilitate linking by combining regular needs with social ones



Co-care 7: Reducing wind-levels to prevent stress and increase health

Discussion

All of the content of this research originates from the interviews and analysis. However, a lot of interview content is left out to ensure readability and consistency. For example, the topic of diversity is left out of the main chapters, despite it being repeated by multiple interviewees. Therefore it is discussed shortly in this chapter.

Adding diversity?

When discussing social relationships and diversity, there were mixed signals from the interviewees. Several advantages and disadvantages were pointed out. Opting for facilitating diversity in population groups or age can have many advantages:

- Vibrancy
- Inclusiveness
- Learning from other perspectives
- Anti-racism through mutual understanding
- Making old feel young, young feel old

Contrastingly, uniformity also offers some advantages:

- More likely to be socially involved: When there is more diversity, it is a barrier for social contact, because it takes more effort to empathise with the other person.

Interviewees seem to have different takes on this subject. However, everyone agreed on the fact that when social connection is forced, it does not work out. The choice lies with the user.

Some anecdotes on diversity from the interviewees are given in the right column.

C3: *It is difficult for day care: not everyone is the same. That's why the small scale and the open access that we have in the community centres are so important. That people experience that this is not only for the elderly, or this is only for young people, but that you are all mixed up together. That is the biggest mistake of the nineties, when they started with the courtyards for the elderly. Those people are all old now, and they have become dead courtyards. In the community centres, we really have a reflection of what society is like. Young and old, healthy and slightly less healthy. And that makes it a bit more dynamic. (...)*

I think we should make such a neighbourhood community resemble normal society as much as possible, so bring all kinds of different age groups together. That the one who sits at home all day can also help the elderly, but also young families, because that offers liveliness. It's fun for older people to see new life and deal with it.

A4: *And it is precisely such a form of residential care where people are together, often from the same village or area, that if you put someone from Amsterdam there, they will be miserable. The culture is different, the way of thinking is different, the beliefs are different. If you put people from one group together, you have much more connection. I would be in favour of that.*

A2: *What I find very important, for example, is that Turkish or Moroccan families are very involved and take in parents. It is about having your family in the first place. I really have a lot of respect for how they do that. (...) that individualism that we have developed also has its downside. So I think it would be nice if we could learn from each other in that sense.*

Alternative model

The conceptual scheme gives insight into the complexity of the topic of reciprocity. Naturally it is an abstraction of reality, with reality being much more varied and less dry than a simple model with arrows and boxes.

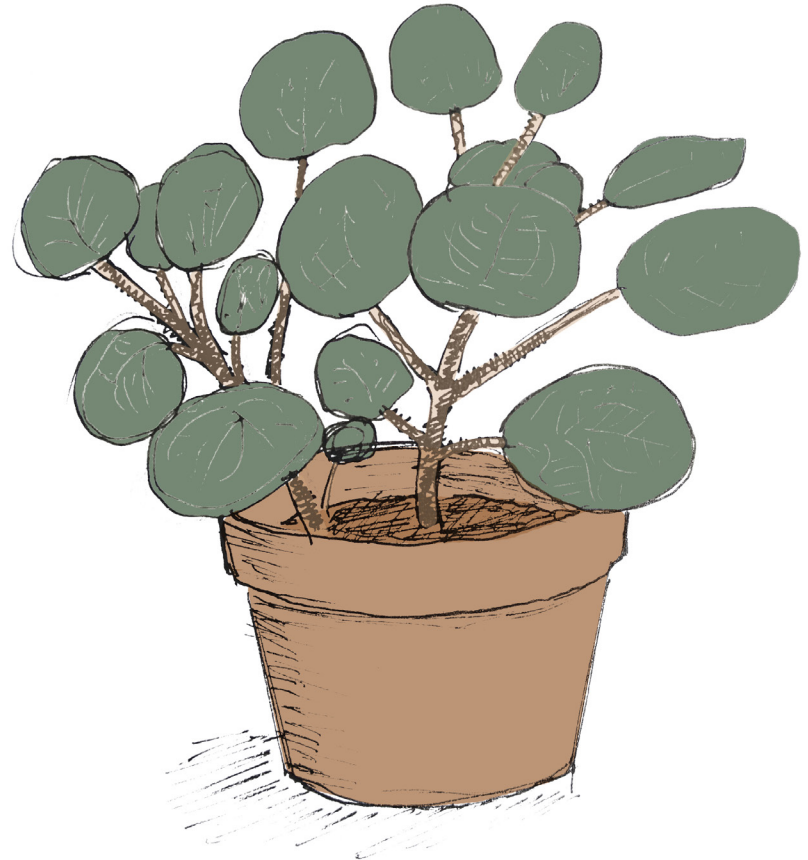
A more intuitive model that does include some of these real characteristics is that of a plant. A plant has several characteristics that make it comparable to the conclusion scheme: it needs resources from the outside, it has an ordered structure with branches and leaves and it has roots in the ground.

When compared to the the conclusion-scheme, the leaves can be compared to co-care, producing growth with help from outside. This is partly external and partially internal.

The branches are the connection between the ground and leaves, which can be compared to the social context.

The ground offers a steady base for the whole plant and allows the plant to grow through bottom-up nourishment.

This comparison also shows the principle of the positive feedbackloop because a plant can grow. The end goal of it all is not per se reciprocity, it is about growth and flourishing of the care environment, co-dividuals and communities.



Evaluation

Research scope & Further research

The scope of this research is broad. This has both advantages and disadvantages. The advantage is found in the final design process, in which numerous decisions need to be made for topics that impact individuals, communities and care professionals. Because the research has such a broad set-up, most of these decisions can be based upon this research. The disadvantage is a thorough argumentation for several architectural translations. For this research, some translations are based on one or two case studies and several independent interview quotes. This base of argumentations for this research can be made stronger by doing more case studies and evaluating more research.

Further research can be done for all mentioned architectural translations because of the broad scope. For example the concept of a healthhub, which could be developed further in collaboration with care professionals.

Research method

The research method was a highly important part of this graduation thesis. At the start of the process, the reason for choosing in-depth interviews had to do with valuing the topic of affordance. This fascination originates from the fieldworkweek in Huis Assendorp in Zwolle, where we stayed over with several students to talk to elderly. Trying to discover what people want and mainly why, is best done in conversation, because it allows for several perspectives on one topic. To discover affordances in the built environment, these different perspectives are a vital part of discovering new insights.

Research process

The process took a long time to develop and grow into this final thesis. In the end, the results were different than expected. The architectural outcome that was expected would have been something like a combination of functions. For example, a discovery would have been made that reciprocity between elderly and children would work well, in which case a day care for children led by elderly could be designed. The actual final result is much less concrete, however, it is much more valuable. The current result shows the patterns beneath the surface that allow for reciprocity to happen. The final translation to architecture is free to interpret, but the functional reason when it can work is made known.

Processing in-depth interviews is time-consuming. After two interviews I decided to filter the interviews on useful quotes instead of fully scripting them. These were categorised in the four categories. After processing these, several themes were found, resulting in the co-care, co-dividuality & co-munity subdivision. In turn, these subdivisions created the model of the holistic approach for elderly care. After it, the research could be structured in chapters and a readable storyline. All in all, the process was challenging, nevertheless it was necessary to filter down the total of around nine hours of conversation into a readable research report.

I would highly recommend this method in terms of producing useful architectural content. In terms of time efficiency it is useful to produce knowledge, however, hard to translate into one consistent story. Not all information can be used because of readability reasons, which can be seen as inefficient.

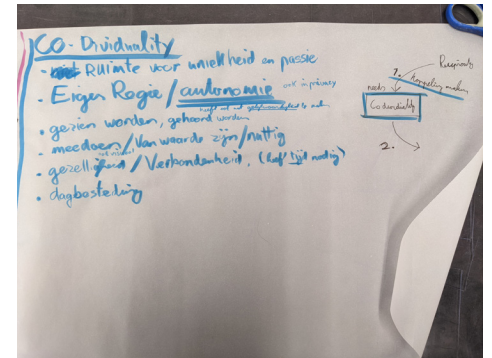
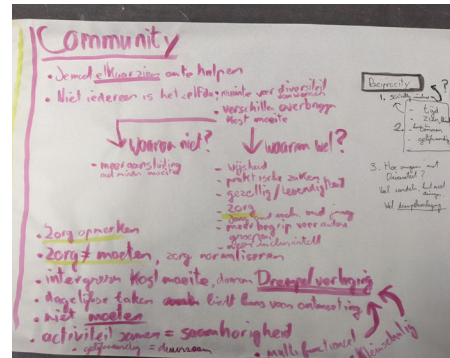
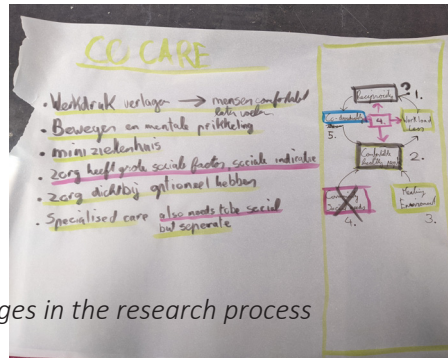
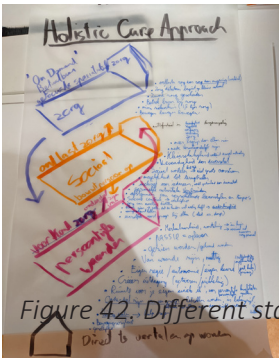
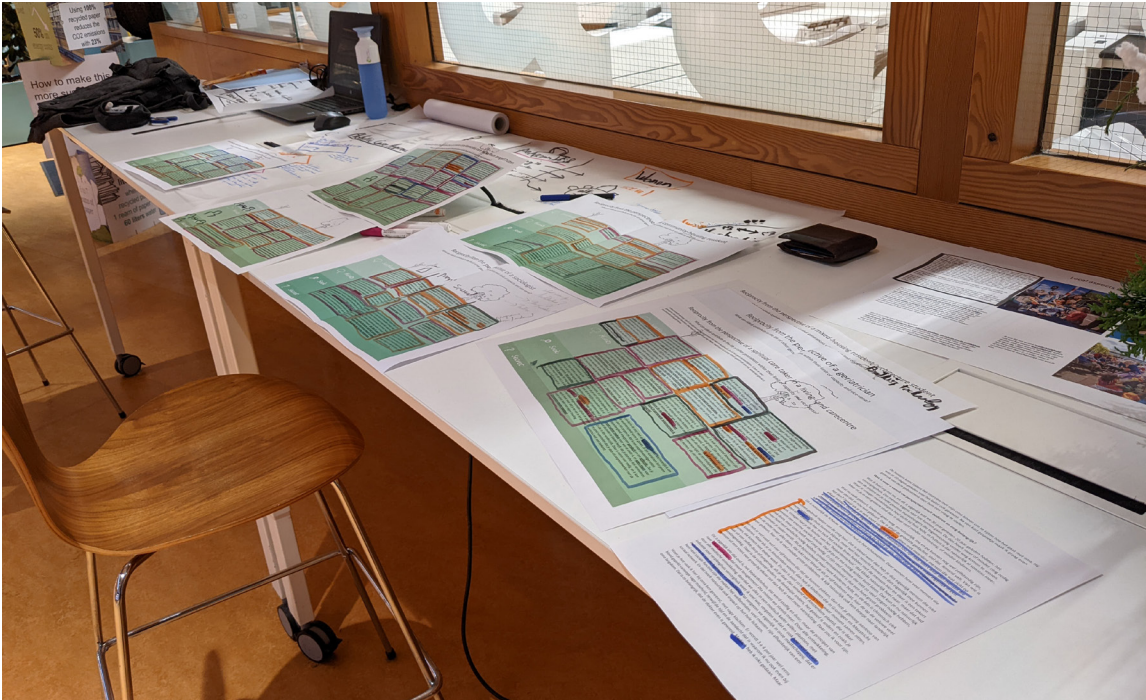


Figure 42. Different stages in the research process

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Co-care interview

Reciprocity from the perspective of a spiritual counsellor in a living & care centre

This interview is done with a spiritual counsellor in a living & care centre for elderly in Haarlem. She describes her job as listening to the elderly and to talk them about what is on their minds. She does not have a treatment plan. Spiritual might be a misleading term, as she is also there for non-spiritual/non-religious people. She also organises different activities, supports the care staff and advises in difficult ethical questions. She mentioned that reciprocity is an extremely important theme in her practice.

A1

Co-care



Ik zie dat in de zorg met de werkdruk dat het heel moeilijk is om de wederkerigheid vorm te geven. Ze zijn vooral aan het geven en aan het zorgen en dat is een ongelijkwaardige relatie. Wederkerigheid vraagt om aandacht en om reflectie. Dus je moet ruimte maken voor wie de ander is, en open staan voor wat de ander te bieden heeft, dat je daardoor kan veranderen. En dat is dan wederzijds. Daar is ruimte voor nodig, en ik kan me goed voorstellen dat je daar als zorgmedewerker met de werkdruk niet aan toekomt.

Wat is er nodig voor wederkerigheid? Vanuit ons, oprechte aandacht, geen labeltjes plakken, en ruimte om te ontdekken wie de ander is. Dat geldt niet alleen voor ouderen, maar eigenlijk voor ieder ander medemens. Alleen moet je bij ouderen iets meer moeite doen om het label 'oudje' weg te halen. (...) Die vooroordelen mag je wel voelen, maar moet je dan opzij zetten en je toch afvragen 'wie is die ander?'. Wederkerigheid begint altijd bij jezelf.



Ik zou bij het woord 'wederkerigheid' ook wel het woord 'waardigheid' willen zetten. Ook qua wonen, bijvoorbeeld met de deur die altijd maar open moet. Ligt het incontinentiemateriaal in het zicht of achter een deur. (...) Ieder mens is evenveel waard, onafhankelijk van wat je kan.

Als je dan in zo'n ouderencomplex woont, heb je gelijkvloers, kun je een spelletje doen, koffie drinken, volgens mij gaat dat ook eenzaamheid voorkomen. Dan heb je zorg en aansluiting dichtbij.

Als ik kijk naar wederkerigheid onder bewoners onderling, de meeste bewoners vinden het vrij ingewikkeld om in een verpleeghuis te wonen. Ze missen hun onafhankelijkheid, ze missen eigen regie, ze hebben moeite met hulp vragen. Dat is lastig, die last dragen ze mee en dat beïnvloedt contacten met anderen. Soms ontstaan er vriendschappen, dat is heel mooi, maar mensen in het verpleeghuis overlijden gemiddeld na twee jaar. Heel mooi als je vriendschappen opbouwt, maar als de één na de ander overlijdt, dan hakt dat erin. Dus het is gewoon een ultrazware levensfase. Dus als je daar woont, ben je veel aan het struggelen met jezelf, met het accepteren van afhankelijkheid. Dat maakt wederkerig openstaan voor een ander lastig, want veel hebben het gevoel van 'ik heb niks meer te geven'.

Co-dividuality



Als ik kijk naar waar ik werk, zie ik vooral op de somatische afdeling, dus de mensen zorg nodig hebben maar van wie de geest nog helder is, daar zie ik vooral dat ze heel veel behoefte hebben om eigen regie te houden. Dat ze zelf bepalen wat ze eten, dat er zelf gekookt kan worden. Zelf hun airfryer op de kamer willen zetten, wat nu niet mag vanwege brandgevaar. Dat stukje eigen regie raken ze daar kwijt, en dat is één van de belangrijkste dingen die ze daar missen.



Als volwaardig gezien te worden. Deuren zijn nu gemaakt dat je maar gewoon naar binnen loopt, om maar even een bouwkundig punt te noemen. Iedereen loopt zomaar binnen. Dat vind ik van de gekke. Dat zijn de dingen waarmee je mensen hun eigen regie en waardigheid afneemt. (...) Dit kun je bijvoorbeeld doen door een deur ook echt op een voordeur te laten lijken. En dat het heel helder is wat de bewoner zelf wil, wat is de wens van de bewoner.

Het is een utopie om te denken dat iedereen een grote woning kan hebben. Maar ruimte is wel belangrijk in de zin van dat je je bed apart hebt van het zit-gedeelte. Het scheiden van slapen en wonen, dat mag wel halfopen, maar niet dat als je op de bank zit je ook half bij je bed zit.

Je ziet nu de laatste decennia een beweging van mensen die langer thuis blijft wonen. Dat is ergens heel goed omdat ze in hun eigen buurt blijven wonen. Maar aan de andere kant heel eenzaam. Ik heb een tante die is 96, die komt nog maar heel weinig buiten. Wie komt er bij haar? Dat is de thuiszorg en de schoonmaak. Als die op een plek zou wonen waar meer zorg is, wel zelfstandigheid maar ook activiteiten dichtbij, dat zou goed zijn. Dan kom je wel weer terecht bij de oude aanleunflats. Dichtbij zorg, maar een eigen woning.

Het is ook fijn als je zelf nog even kunt gaan shoppen. Dat je niet altijd andere moet vragen om boodschappen te doen. (...) Zorg ervoor dat er een winkel in buurt is, wel fijn als dat op loopafstand is.

Dat is ook heel belangrijk, gezien worden, dat je nog meedoet. Vraag als jongere generatie ook eens om een mening of een visie, dat is toch altijd prettig. En bedank ze dan ook. (Nodig/van waarde zijn)

Uitzicht dat je iets kan zien, dat er iets gebeurt. Ik heb een aantal bewoners die uitkijken op groen. Één man is in Italië opgegroeid, in Napels, en die zegt 'ik word gek van die bomen. Ik wil mensen zien'. Één mevrouw kijkt op een kruispunt, die kijkt mensen, die ziet mensen aankomen.

Co-dividuality



Onlangs ben ik op mijn werk een fotoproject begonnen, "passie in beeld". Dat was met mensen die uitstraalde, alleen maar in een rolstoel zaten en naar buiten keken. Maar als ik dan raakte wat hun passie was in het leven dan raakte ze weer tot leven. Toen heb ik wat fondsen bij elkaar verworven en hebben we een professionele fotograaf ingehuurd. Daarmee zijn we met deze mensen in gesprek gegaan over hun passie en hoe je dat in beeld zou kunnen brengen, en waar, en wie er dan bij zou moeten zijn. Er zijn waanzinnig mooie foto's gemaakt, en op die foto's zie je iemand in zijn kracht en passie. Het is nog steeds een oud en afhankelijk iemand, maar je ziet dat het een uniek mens is. Misschien is dat wel wat je in zo'n woonvorm zou moeten hebben. Hoe kan je laten zien dat het niet alleen maar oude afhankelijke mensen zijn, maar mensen met een eigen verhaal. Hoe kan dat vorm krijgen, hoe kun je daar ruimte voor maken in zo'n complex. Ik denk dat dat belangrijk is.

Vanaf 14 januari hangen ze in het groot in Haarlem in een expositie in de gang aan de grote houtstraat. Je kunt ze ook een keer in de Molenburg bekijken.

Het is iets waar ik heel enthousiast van wordt, omdat het mensen in hun kracht zet. Die foto's hangen bij ons in de hal bij binnenkomst. Mantelzorgers kijken daar ook naar. Ik had laatst een facilitair medewerker, die zei: Normaal zie ik die oudjes in een rolstoel, maar nu zie ik dat ze allemaal hun eigen verhaal hebben. Dat is wat de foto's moeten doen.

Co-munity



Er zijn natuurlijk heel veel verschillende ouderen. Voor sommige mensen zal dat voorbeeld van het Elzeneindhuis een prachtige vorm zijn, maar er zullen er ook zijn die er gillend van wegllopen. (...) Nu komen bijvoorbeeld mensen die hun hele leven Einzelganger zijn geweest, en ze krijgen dementie, dan worden ze in een huiskamer met 6 medebewoners gestopt. Daar wordt je niet gelukkig.

Jongere mensen zijn natuurlijk weer lichamelijk sterker, dus praktisch kun je dingen doen. Maar ook vind ik het mooi hoeveel vreugde ouderen beleven aan contact met jongere generaties. Hoe die nu leven, de keuzes maken, en de aandacht maakt ook dat ze zich waardevol voelen en gezien voelen.

Ik denk niet dat meergeneratiewoningen met je ouders in huis de oplossing is. Ik heb niet het idee dat veel kinderen hun ouders in de achtertuin willen hebben. (...) En niet iedereen heeft een achtertuin ook. (zekere zin van zelfstandigheid en afstand in gemengde woonvormen is belangrijk)

Wat ik zie sociaal gezien, je komt dan in zo'n wooncomplex, en je komt te wonen met mensen die je niet zelf hebt uitgekozen. (...) Ik denk dat ik het fijn zou vinden als je er momenten georganiseerd worden waar je elkaar kunt ontmoeten, maar dat daar wel veel vrijheid in zit. Dat er geen moeten in zit, en dat er niet alleen bingo-avonden zijn en de zanger van de hoek, maar dat je net als in het gewone leven ruimte hebt voor eigen invulling. (Ontmoeten zonder moeten)

Ik denk dat ouderen ontzetten veel bij kunnen dragen. Dat hangt wel af van in hoeverre iemand cognitief nog sterk is. Maar verhalen uitwisselen, levenswijsheid, schaken, verhalen van vroeger, zien dat de wereld groter is dan social media, het is een schat aan levenswijsheid wat daar zit.

We hebben een winkeltje, en die wordt gerund door mensen met een verstandelijke beperking. Die doen wel eens boodschappen en die brengen koffie en thee rond.

Co-care interview

Reciprocity from the perspective of a geriatrician in a hospital

One interview is done with a geriatrician ('elderly doctor'). In her job in the hospital she has daily contact with the elderly, so she has widespread knowledge of the most vulnerable group of elderly. She shares from her experience in the hospital as well as her own perspective on housing, care and elderly.

A2

Co-care



Ik denk wat voor oudere mensen heel goed is is: bewegen bewegen bewegen, dus je op één of ander meer connectie zou kunnen maken met sportschool/sportzaal.

Ze zijn nu ook proeven aan het doen om te kijken dat je als mensen bijvoorbeeld een simpele blaasontsteking hebben, maar wel te ziek zijn om thuis behandeld te worden, maar ook weer niet intensieve zorg het ziekenhuis nodig hebben, dat je dan bijvoorbeeld een antibiotica infuus kan geven in een minizekenhuisje bij jou in de buurt en waarbij dan ook gelijk op revalidatie wordt ingestoken en dat is eigenlijk ook een soort van anderhalve lijns zorg.



Als je kijkt naar 'zo lang mogelijk thuis wonen' past dat er (behoud van zelfstandigheid) aan de ene kant heel goed bij, en van de andere kant hoor ik ook veel mensen die zeggen van ja, maar als de thuiszorg één ochtend om half 9 komt en andere keer om 11 uur en mijn man of ik daardoor tot zolang in bed moeten blijven liggen, en dat je dag zo bepaalt wordt door zorg die langskomt, dan doe ik het liever zelf. Dus het heeft ook wel echt een schaduwzijde.

Co-dividuality



Wat denk je wat daar achter zit nog, dat willen van zelfstandigheid?

Een stukje waardigheid. Je hebt het altijd zo gedaan, dus ook een stukje afscheid nemen van wat je altijd zelf deed en kon. En het accepteren dat je dus ouder wordt en dat je de dingen niet meer goed kan en dat het gewoon niet meer lukt en dan niet boos worden er op maar dat accepteren. En dan ook nog eens vreemden in je huis laten dat is echt een kunst. (Het zien van minder autonomie leidt tot meer waarden wat je wel kunt)

Je hebt ook nog wel dagbesteding. Je hebt er ook dagbesteding voor beginnend dementerenden, maar ik kan me ook voorstellen dat als je als hoogopgeleid iemand (de professor die dement wordt) dat dit echt bloedsaai is en dat die totaal geen intellectuele uitdaging in zit. Dus ik denk dat je daar wederom niet veel mensen over één kam moet scheren.

Wat is belangrijk voor ouderen in wonen? Behoud van zelfstandigheid. Als ik kijk naar, we doen als gerieters veel pre-operatieve screening of screening van kwetsbaarheid als mensen een bepaalde behandeling moeten ondergaan en bespreek je ook wat voor hen belangrijk is en dan komt echt heel vaak naar boven 'behoud van zelfstandigheid'.

Hoe zou je zelf willen wonen als je ouder bent? Dat het persoonlijk is en niet zo dat je vereenzaamd. Daar zie ik veel te veel ellende van, dat mensen niet echt meer een doel hebben, of dat er niet naar ze wordt om gezien. Als je dicht bij mensen woont en nog in hun leven betrokken wordt dan blijf je zelf ook veel vitaler. Fysiek en mentaal actief blijft is zo goed voor je, dus dat doet zoveel met je gezondheid op alle vlakken, dat ik dat wel zou willen stimuleren.

Nu hoef ik niet gelijk dan bij mijn kinderen in huis. Maar een stukje nabijheid of wat ik wel eens gehoord van mensen die een huisje in de tuin bouwde, dat soort dingen zou ik wel mooi vinden omdat je dan ook al in het leven inderdaad betrokken wordt

Co-munity



Wat ik pas hoorde vond ik wel cool, weer andersom wel. Een basisschool, daar kon je je opgeven om als kind een taart te bakken voor de voedselbank voor als een kind van een ander gezin jarig is. Dan werd die gekoppeld aan een gezin dat niet bij de voedselbank zit en dat die taart maken. In die zin zou je zoiets kleins ook kunnen doen.

En überhaupt gewoon gesprekken. Het is leuk om met ouderen te praten en levenservaringen uit te wisselen.

Ik heb gisteren nog advies gevraagd aan mijn oma hoe ik in vredesnaam de orchideeën moest verzorgen want ze gaan allemaal dood. Ik denk met name aan praktische dingen. Ik denk dat onze generatie niet meer gewend is om zelf dingen te maken, het klussen doen hebben we gewoon nooit zo geleerd.



*Wat zou je zelf kunnen doen voor ouderen in je omgeving?
(...) Maar ik ken ook niet zoveel oudjes in de omgeving, maar ze zijn er genoeg.
(mensen moeten elkaar zien om elkaar te kunnen helpen)*



Wat ik heel belangrijk vind is bijvoorbeeld turkse marokkaanse families die enorm betrokken zijn die en ouders in huis nemen. Je familie zo op de eerste plek hebben staan. Daar heb ik echt enorm veel respect voor hoe ze dat doen. (...) dat individualistische waar wij denk ik ook wel in doorgesloten zijn dat heeft ook echt ook keerzijde. Dus ik zou het wel mooi vinden als we in die zin een beetje van elkaar kunnen afkijken.

Co-care interview

Reciprocity from the perspective of a home care & dementia care nurse from Zorgerf Putten

This interview is done with a home care and dementia nurse from Zorgerf Putten. This care facility is located in the countryside with an emphasis on a free yet stimulating environment for the residents with dementia. They are free in choice what to do and there are a lot of activating incentives in the outside environment.

A3

Co-care



Wat ik gezien heb bij het intramurale, daar dacht ik 'wat leuk, wat gezellig, wat kneuterig' maar die mensen vinden het helemaal niet leuk. Voor de verzorging is leuk, die heb het heel goed onderling die hebben het gezellig en doen stinkend hun best. Maar wat ik gezien heb is dat die mensen daar niet op hun plaats zitten. (...) Dat is gewoon een verkapte gevangenis.

Mensen worden ouder, worden hulpbehoevender. Er is het personeelstekort en de focus ligt op excellente zorg. Maar daar zitten die mensen niet op te wachten, die willen een spelletje rummikub doen. (...) Ik denk dat de focus in de zorg echt terug moet naar wat mensen echt nodig hebben.

De werkdruk in de zorg is erg hoog. (...) De grootste werkdruk wordt veroorzaakt doordat de bewoners zich niet prettig voelen.



Als je dan inderdaad met architectuur zit kan je al veel meer uitdaging creëren als je dus een gang maak met inhammetjes met bepaalde zitjes waar ze wat kunnen doen. (...) Er zit te weinig uitdaging en ze worden niet meer geprikkeld.

Als een dementerende zich comfortabel voelt en gewoon lekker in zijn vel zit dan is er veel minder sprake van onbegrepen gedrag.

Als jij als dementeerde in een gang loopt en je bent 20 keer heen en weer gelopen, die bewoner heeft op gegeven moment niet meer in de gaten of die rechts of links woont.

Wat me zo trof zeg maar bij zorgherf Putten is gewoon die vrijheid, die natuur, de prikkels die de mensen daar krijgen. Als wij bijvoorbeeld 's ochtends zorg verlenen dan moeten die mensen naar buiten om naar het hoofdgebouw te gaan om te ontbijten. Dus als zij buiten komen is het eerste wat ze vaak zeggen van: wat voor weer is het? 'het is droog', 'de zon schijnt', 'wat is koud'. Je houdt dan al een prikkel in stand. Ze signaleren iets wat ze op een tweede verdieping in een verpleeghuis nooit zullen signaleren, want daar is gewoon 21 graden, ze hebben geen idee hoe de wind überhaupt voelt.

Mensen die cognitief achteruit gaan horen gewoon niet op een tweede verdieping

Co-dividuality



Ook als een oudere zoals bij ons alleen maar aardappels kan schillen, dan denk ik al 'yes'. Want hij voelt zich nuttig, en ik hoef minder te schillen. Daar zit ook al wederkerigheid in.

Deze mensen kunnen vaak niet eens post halen! Er moet gewoon ergens een ouderwetse brievenbus hangen. Je moet kunnen zeggen tegen meneer Jansen: je moet even de post halen! Dan wordt hij hartstikke blij als hij de krant eruit heeft gepakt. Het beperkt mensen nu erg wat we hebben.

Het welbevinden (in dit gelijkvloerse ontwerp) is veel beter als op een tweede verdieping waar mensen ook niet naar buiten kunnen, er is dan te weinig bewegingsvrijheid: om elkaar te ontlopen, om afleiding te zoeken en veel meer nabijheid en aanwezigheid

Bij mensen met dementie en sowieso bij ouderen is de eigen regie gewoon heel belangrijk. (ook in een eigen plekje hebben, een thuis hebben, dat andere mensen te gast zijn)

Onrust lopen ze eruit. Dus dementerende mensen zijn vaak heel beweeglijk en hebben gewoon ruimte nodig om te kunnen lopen. (...) Maak niet een rechte gang met een eind en een begin. Laat ze kunnen rondlopen.



De mensen die in een bejaardenhuis opgesloten zitten hebben geen keus. Die kunnen er gewoon niet uit. Deze mensen in Putten kunnen nog kiezen van: 1. loop ik naar buiten, 2. loop ik naar mijn eigen appartement 3. Ga ik nu naar de kippen 4. ga ik naar de varkens of 5. ga ik bladharken. Die mensen hebben een keus. Ja dat doet de eigenwaarde van die mensen gewoon goed.

Co-dividuality



Er is te weinig ruimte om met 8 mensen te bewegen in die ruimte. Dus dan is het daar zo'n zuster die zegt: nou meneer Jansen gaat u maar zitten. Maar meneer Jansen wil niet zitten, hij wil lopen maar er is geen ruimte. Dus hij staat weer op maar krijgt te horen dat hij weer moet zitten, en dan raakt hij gefrustreerd, 'niemand die mij snapt, ik wil nu dit gaan doen, of nu dat gaan doen'. (Ruimte is verbonden aan autonomie, gebrek aan autonomie is verbonden aan frustratie, wat leidt tot onbegrip, wat leidt tot meer frustratie)

Wij hebben nu bijvoorbeeld een meneer in zorg die is architect geweest en heeft een mega bureau in zijn appartement staan. Nou je stoot 20.000 keer tegen dat ding aan en het is gewoon een super onhandig ding maar het is voor hem zo belangrijk dat dat ding daar staat en dat z'n vulpen en zijn tekenpen en dat ligt daar allemaal strak naast elkaar met een gummetje en het liniaaltje. Dat is zo belangrijk voor die man en dan denk ik ja tuurlijk moet dat daar zijn. Hij doet er niks mee hoor. Hij kan niet meer schrijven, hij kan niet meer lezen maar dat was zijn spul (zijn thuis). Het zorgt er ook voor dat wij als zorgmedewerkers het idee hebben dat je te gast bent.



Ik denk dat daar (over wederkerigheid, normaal vinden van zorgen voor elkaar en integratie tussen ouderen en jongeren) met name ook op gemeentelijk niveau en landelijk niveau een stukje bewustwording van moet zijn, dat daar ook veel meer in mogelijk is.

Co-munity



Die mantelzorgwoning, dan heb je een eigen familielid en dan zou je bijvoorbeeld kunnen zeggen dat ze oppassen als naschoolse opvang, als moeders en vaders allebei nog aan het werk zijn, kind komt op de fiets zelf thuis en die gaat naar opa en oma een bakje thee drinken of ze doen samen spelletje of zo. Dan heb je een soort oppas-functie.

Echt gezamenlijke wederkerige activiteiten kan niet echt met dementerende mensen. Er kwam soms wel een jongerenkoor zingen, of een catechisatiegroep die dan spelletjes kwam doen, maar niet echt met wederkerigheid.

Één meneer ging peren wekken en schillen voor een goed doel. Dan kwamen er jongeren van een vereniging die gingen die potten peren weer verkopen. Er was ook een man die dakpannen maakte en beschilderde, en die verkocht.

Van de ouderen die in een verpleeg huis zitten denk ik ook niet dat die nog zo vitaal zijn en zo kwiek van geest zijn dat ze leuk met een kleuterklas op stap gaan. Dat zit niet meer in die beleefwereld. Terwijl als je ze bij de zwaardere zorg laat helpen of bij dat wandelen dat dat heel goed gaat.



Bij ons in in het verpleeghuis waar ik gewerkt heb daar zat ook de peuterspeelzaal en dat was ook de bedoeling dat daar die wederkerigheid zeg maar zou zijn hij dat dat ouderen dan ook als een soort activiteit daar bij die kindertjes gingen helpen en zo. Maar dat is echt een grote flop geworden. Dat was te intens voor de ouderen. En ook de opvoeding van nu strookt niet met de beleefwereld van de ouderen. De generatiekloof was te groot.

Co-care interview

Reciprocity from the perspective of a general practitioner

This conversation is done with a general practitioner. Visibly passionate about his discipline, he explained several problems of the current care system, his personal vision important aspects of care and chances for future elderly care and living. The conversation took place in residential care centre 'De Schau', a care facility located in Putten.

A4

Co-care



Wat ik heel erg mis nu, en dit is eigenlijk wat we 20 jaar geleden hadden: het verzorgingshuis. Dat mensen ergens naar toe kunnen gaan. De één heeft meer of minder zorg nodig dan de andere en je hebt gewoon mantelzorgers die tegenwoordig verder weg komen te wonen. (...) Wat nu vaak gebeurt, kinderen gaan weg, en natuurlijk, ma en pa kunnen nog wel zelfstandig zijn, maar stel dat er nou wat gebeurt. Dat is altijd de grootste gedachte, stel dat iemand valt. Van wie is het dan? Terwijl als je in een soort van cluster zou zitten met meerdere mensen die wat zicht op elkaar hebben. Dus dat er eigenlijk een betere doorloop zou zijn naar soort waar dan mensen die geen verpleeghuiszorg nodig hebben, wel zelfstandig thuis kunnen wonen maar eigenlijk in een woonzorgvorm zonder dat daar verpleging bij hoeft te zijn, maar dat je wel makkelijk toegang hebt tot zorg! Daar missen we een heleboel bedden aan!

Dit is natuurlijk de Schauw. Hiernaast heb je het schouwplein. Daar wonen heel veel mensen die kunnen gebruik maken van de zorg hier. Dat is ideaal want dan heb je dus eigenlijk mensen die niet meer zelfstandig thuis kunnen blijven, maar wel hier terecht kunnen en dan eigenlijk mee kunnen eten in de brasserie hier en toch het sociale leven hebben met de mensen hier en daar is een tekort aan. Vroeger had je de functie van het 'bejaardentehuis', dat klinkt natuurlijk heel naar, maar dat had gewoon een enorme sociale functie. Dat je pa en ma rustig achter kunt laten. Dat kun je nu natuurlijk ook doen, maar oma heeft veel zorg nodig. Er zijn veel mensen die niet zo veel zorg nodig hebben, maar heel veel aandacht nodig hebben, omdat eenzaamheid is dus een heel groot probleem naarmate je ouder wordt. Als je bijvoorbeeld maar twee kinderen hebt, en de één is chronisch ziek en de ander moet alles doen, dat lukt niet! Weet je als je vijf kinderen wat, hier de op de veluwe veel meer gebeurt, hier zie ik veel minder grote problemen. Ik kijk natuurlijk ook een beetje naar landelijk. Hier heb je wel vaak wel vier vijf kinderen die dat op kunnen pakken, dan heb je genoeg aanloop van de kinderen. Maar als je in Amsterdam woont, dan heb je kinderen die in Groningen en Maastricht wonen, die komen niet iedere week.

Dit is eigenlijk iets dat oud is, het bejaardentehuis, dat werd stoffig en duur, maar de principes van naar elkaar omkijken, dat moet terugkomen! Dat missen we steeds meer. Door alle ontwikkeling, door alle medische ontwikkeling, doordat we alles in een medisch kader willen plaatsen, met indicatie voor verpleeghuis verzorghuis weet ik veel wat, vergeten we dat er ook heel veel sociale indicaties bij zijn die bijdragen in gezondheid. Dat vergeten we eigenlijk in onze maatschappij, dat er heel veel sociale functies zijn die maken het welbevinden, veel mensen zijn afhankelijk van een sociaal netwerk. En dat heeft natuurlijk ook impact op het hele lichaam.

Co-care



Weet je hoe vaak ik hier bij oma ben geweest, met vage klachten. Er wordt 3 a 4 per jaar wel eens bloed geprikt vanwege vage moeheid, terwijl de tijd en de aandacht, dat is waarom ik nu ook even bij oma langskom. Dat is zo belangrijk, dat de dokter even is geweest. Medisch heb ik niks gedaan. Maar het heeft wel een helende werking. In mijn werk moet ik zoveel mensen zoveel ziektes zoveel dingen doen dat dit er soms bij in schiet. Maar ik weet wel wat de waarde is van het verbonden zijn. We zien elkaar niet vaak, zoals wij nu ook, maar het gevoel van contact, dat is er en dat is ongelooflijk belangrijk.

In heel veel steden zie je dit ook veel meer, de huisartsenpraktijk. Het maakt niet uit welke dokter daar is want 'dan is die er, dan is die ander er', je komt nooit bij een vaste dokter. Terwijl ik ben nu bijna tien jaar huisarts in Putten, je hebt bijna altijd mij. Als ik er niet ben op vakantie, dan is er een ander, maar als ik terug ben, dan ben ik er weer en dan zie ik het hele scala van wat er gebeurt, en dat maakt dat je veel meer contact maakt met mensen.

Co-munity



En dan is juist zo'n woonzorgvorm waar mensen samen zitten, vaak uit een zelfde dorp of omgeving, als je daar dan iemand uit Amsterdam plaatst, die is daar doodongelukkig. Daar is de cultureel anders, de denkwijze anders, het geloof is anders. Als je mensen uit één groep bij elkaar zet dan heb je veel meer aansluiting. Daar zou ik voor zijn.

Co-dividual interview

Reciprocity from the perspective of a nursing home resident

This interview is done with an elderly person living in care and living centre 'De Schauw' in Putten. She is above 90 years old and needs care to some degree, but she is still able to do small things like making coffee. In this interview, she shares a lot of her own perspective. Most of the quotes do need a translation to reciprocity, one has to read in between the lines to find personal and social needs.

B1

Co-dividuality



*Mist u dat, voor andere mensen zorgen?
Ja dat is heel fijn. Ik had ook wel verpleegster willen worden.*



Hier tegenover kom ik wel eens. Voor de gezelligheid. Ze praat zo zachtjes, ik versta haar nauwelijks. En als ik dan wegga, dan zegt ze: 'kom je nog gauw eens weer?'. Maar dat gaat ook niet altijd met je energie. (...) Die vrouw is eenzaam ook en heeft niet zoveel familie.

Als hij (de huisarts) dan niet komt, dan komt zijn vrouwelijke collega. Dat gaat ook wel, daar ben ik ook al wel aan gewend.

(Sociale contacten hebben tijd nodig, ook voor contact met het zorgpersoneel)

Ik wil wel contact houden, maar het wil soms niet meer, dan kost het me teveel energie. Ik moet niet teveel drukte hebben, daar kan ik niet tegen.

Het is vervelend dat ik niet bij de knopjes van het zonnescherm kan. (...) Dan moet ik de zusters weer vragen en dat is vervelend. (...) Ook de gordijnen moeten dicht soms. Want er zit een raam bij de gang, en dan zie je dwars door het huis heen. Dat vind ik niet leuk. Dan moet ik weer de zusters bellen, dat is niet leuk. (...) Ook het keukenblok is te hoog. Als mensen gewoon lopen is dat goed, maar ik zit laag, ik kan er niet bij. (Autonomie is belangrijk. Kleine praktische zaken toegankelijk maken helpt hiervoor. Privacy heeft daar ook mee te maken, dat heeft te maken met zelf kiezen om niet gezien te worden)



Op het ogenblik ben ik best een beetje uit koers. Ik ga het liefst nergens heen. Ik hoop dat het weer anders wordt, want het bevalt me ook niet zo. Ik hoop wel weer meer op contacten.

Co-munity



De kerkradio deed het niet. Nou toen kwam de man van de reparaties langs en die heeft hem toen weer gemaakt, er zaten een paar stekkertjes los.

Tante kookt nog wel eens een bakje erwtensoep, die vind ik heerlijk. Het eten hier vind ik niet altijd lekker, dat durf ik dan ook rustig te zeggen. Dat vinden ze niet vervelend hoor.

Ze leest de krant nog wel, dan breng ik soms een stapeltje erheen.

Van de week was de verwarming hier kapot. Ik dacht ik zal mijn zoon wel even bellen en die had nog wel een elektrisch kacheltje. Hij was er ook zo. (...) Dus toen zei ik ook tegen mijn burens, als jullie het koud hebben, kom gerust hier hoor, als jullie een kopje koffie of thee willen.



Ik vind het hier heel mooi. 's Zomers kunnen we hier zo het park in, dat hebben we verschillende keren gedaan. Ik kan het niet alleen met deze stoel, dat gaat niet. Dan heb je de eendjes, de schapen, de geitjes, de lammetjes in het voorjaar. Dat is prachtig.

Je spreekt zo af en toe nog wel eens mensen op de gang. Als ik dan mijn rondje loop met de rollator dan kom er nog wel eens wat tegen. Dan maak je een praatje van 'hoe is het?' (Activiteit buiten privé domein zoals lopen stimuleert sociaal contact.)



Soms gingen we ook beneden eten. Dan zaten we vaak een beetje achteraan, meestal met z'n tweeën. Soms kwam er iemand bij, zoals meneer Domburg, die praatte altijd erg veel, dat was erg leuk. (sociaal contact ontstaat ook als genoeg mensen met elkaar een activiteit hebben)

Co-munity interview

Reciprocity from the perspective of a sociologist / politicly active citizen

This interview is done with a sociologist who is also politically active. His perspective on reciprocity is a mix of his political perspective, sociological perspective, experience as a teacher in high school and his own life experience.

C1

Co-dividuality



Daar zit bijvoorbeeld een repair café zit daarin. Daar zitten dan een beetje van die oudere mannetjes op woensdag ochtend of middag die dat helemaal leuk vinden om daar gewoon een beetje interessant lopen doen over wat zij weten over hoe je zoiets kunt repareren. (...) zoiets van 'ik ben nodig'.

Maar gewoon alleen al mensen om je heen hebben die een beetje kent is al waardevol. Even groeten of een uitgebreider praatje. Of met de buurman de tuin doen. De plek boeit dan nog niet eens heel erg.

Het is denk ik fijn om mensen om je heen te hebben. Je hebt wel je eigen plekje maar niet dat je er alleen voorstaat. Maar niet dat je afhankelijk bent van de visite van kinderen en de kleinkinderen.

Co-munity



Onlangs had ik had een keertje meegedaan aan een tuinproject. Nou dat is eigenlijk iets super simpels, iemand in de tuin helpen en ik vind het nog leuk ook. Zo'n man die is daar ontzettend mee geholpen want die zei van 'ja anders ben ik hier gewoon weet ik hoe lang mee bezig en dan lukt me alsnog half'. En die heeft dan nu zijn handen vrij om zijn vrouw te steunen in de zorg voor haar.

Als ouder heb je: 1. een stukje levenservaring hebt. 2. Je hebt tijd, zeker vitalere ouderen. 3. Daarnaast heb je gewoon je persoonlijke kwaliteiten: iemand die heel erg veel verstand heeft van tuinieren, iemand heel handig is met handwerken. (Als jongere heb je) wat minder tijd, wat minder die levenservaring maar wel je fysieke kracht, persoonlijke kwaliteiten of gewoon gezelschap.

Ik weet dat er voorbeelden zijn van ouderen die een soort beperkte versie van de naschoolse opvang hebben. (...) of huiswerkbegeleiding, dat soort dingen

Ik denk dat dat soort dingen (wederkerige activiteiten) aan elkaar knopen ook meer belangrijk is en wordt. Dus initiatieven zoals die, met de vraag 'wie heeft er een keertje tijd over?'

Hoe zou je zelf willen wonen als je ouder bent? Kleinschalig, met tuinen aan elkaar verbonden zijn zonder hoge heggen, dan spreek je elkaar nog wel eens. Natuurlijk als je een gezin hebt dan fiks je dat zelf wel, maar dat stukje contact dat andere je ook zien, 'hoe is het met je', ook een beetje de sociale controle.

Co-munity



Of van die knarrenhofjes. Dat soort dingen is gewoon mooi. Al je toch in de tuin bezig bent, dan snoei je toch gelijk even die van de buurman. Dat vraagt wat meer betrokkenheid op elkaar.



Als je kijkt naar mijn middelbare school met maatschappelijke stage, als je tegen leerlingen zegt van joh je gaat de maatschappelijke stage doen, dan zijn ze niet heel geënthousiasmeerd. Terwijl als je kijkt wat leerlingen al doen, dan doen ze al heel veel. Sommige geven voetbaltraining, of lopen stage bij een verzorgingstehuis en weten dan niet dat dat ook maatschappelijke stage is, want dat vinden ze leuk om te doen. Soms blijven ze zelfs daar eventjes een poosje hangen nadat de stage is afgelopen. Uiteindelijk komen ze wel vaak op het punt van ik wil eigenlijk geld mee verdienen dus dan maar toch wel gewoon werken. Maar heel veel mensen willen best wat doen en dat daar zit nu nog onbenutte potentie in die zin.

Volgens mij las ik vandaag nog een artikel op het NOS dat ging over 'helpt van Nederlandse huishoudens is financieel kwetsbaar'. Ik denk dat we als overheid wel een taak hebben om daarin te ondersteunen daar waar nodig is en dat dat soms juiste kwetsbare groepen zijn.

Ik kwam pas een plaatje tegen dat zo'n jochie dan aan zijn moeder vraagt van: mama, waarom ga je eigenlijk naar de buurvrouw toe om suiker te lenen? want we hebben nog genoeg suiker in huis? En dan zegt die moeder: dat doe ik puur en alleen zodat de burens ook het gevoel hebben dat ze iets terug mogen vragen en dat zij ook iets kunnen betekenen.

Co-munity interview

Reciprocity from the perspective of a a mixed-housing resident & architecture student

This interview is done with a student resident of 'Abtswoude Bloeit'. This housing complex used to be a nursing home, nowadays it functions as a home for both elderly, students and people from an organisation called 'Perspektief'. While the housing units of these different target groups are quite separated, the binding aspect is the space that is called 'the living room of the neighbourhood'.

Here people can eat, drink coffee, play games, read, work and most of all meet other people. The project is received with mixed feelings: some people like it, some do not consider it successful.

C2

Co-dividuality



Ik denk dat er voor studenten alleen hele harde aspecten voordelen zijn: dat je kamer wat goedkoper is, dat je samenleeft met studenten die over het algemeen wat rustiger zijn.

Ik zie ook dat ouderen af en toe als echte problemen hebben dat ze ook wel aan durven te bellen omdat er aan te geven van hey ik heb hier een probleem mee, weten jullie misschien een oplossing? Soms zijn dat ook problemen waar we helemaal niks mee kunnen, technische problemen of iets dergelijks, maar vaak het feit dat ze een aanspreekpunt hebben waarmee ze al even kunnen babbelen is denk ik ook prettig voor die mensen.



Hoe zou je zelf willen wonen als je ouder bent? Ik heb wel eens na zitten denken over een concept van een studentenwoning waarbij verschillende studenten kamers aan elkaar vast geknoopt zitten met een Gemeenschappelijke ruimte. Als je dat nou eens weer terug zou doen alleen dan als je gepensioneerd bent.

In mijn beleving hebben ouderen, omdat ze wat minder te doen hebben, vaak iets nodig om over te klagen. (ouderen zoeken levendigheid)

Het is belangrijk dat je goed terug kan vallen op het moment dat er niet iets niet goed gaat, dat je niet afhankelijk bent bijvoorbeeld van je kinderen of van mensen om je heen maar dat er mensen zijn om je heen die kunnen helpen, wat er ook aan de hand is.

Co-munity



Wat ik wel mooi vind is dat je als studenten in ieder geval wel een beetje levendigheid kan brengen in het pand. Niet altijd positieve levendigheid maar er gebeurt weer wat in het pand. Ik denk dat dat ontzettend belangrijk is voor die mensen die in aanleunwoningen zitten dat ze iets hebben om naartoe te gaan of iets hebben om over te praten of dat er wat gebeurt.

*Het probleem is vaak dat ouderen op heel ander tempo leven dan studenten.
(...) Daar zie ik vaak een mismatch: als je als oudere iets verlangt van een student, dan neemt dat voor de student vaak al veel te veel tijd in beslag, dus een praatje van 5 minuten zit er niet in want dan ben je gewoon driekwartier bezet. Driekwartier is veel voor een student.*

Het grootste deel van het werk is het matchen van de juiste mensen aan elkaar en beleid over wat de verwachtingen zijn en dit uitspreken.

Wat denk je wat kunnen jongeren aan ouderen bieden? Heel veel denk ik. Die kunnen technische problemen oplossen, een babbeltje maken, op de koffie komen, gezellig met elkaar eten, koken voor die mensen. Die kunnen in principe alles doen. Alleen door dat de tijd van student zo kostbaar is moeten er vaak wel even wat tegenover staan. Als ouderen iets voor studenten willen doen dan zou het iets moeten zijn waardoor studenten meer tijd hebben, bijvoorbeeld boodschappen doen.

Als je een jong gezin hebt dan is het super slim want dan kun je de oudere vragen of die op de kinderen willen passen een keer.



Wat er in ons project vaak gebeurt is dat ouderen bepaalde verwachtingen hadden wat studenten voor hen zouden doen. Ze hadden bijvoorbeeld verwachtingen van tevoren dat studenten voor hen zouden gaan koken, dat studenten bij hen op bezoek bij hen zouden komen. En misschien in wat uitzonderingsgevallen gebeurd dat wel eens een enkele keer, maar niet hoe zij of sommigen van hen dat voor ogen hadden.

Ik denk dat dat het grootste ding is, dat de drempel niet te groot is.

Het is natuurlijk ook een soort van community: die mensen die wonen daar ook misschien al jaren met elkaar samen en sommige ouderen die hebben daar gewoon wat minder hun plekje. En dat is heel fijn om te zien dat zij opeens wel een aanspreekpunt hebben omdat zij dan plotseling studenten hebben waar ze af en toe eens een babbeltje mee kunnen maken. (meer diversiteit kan leiden tot meer inclusiviteit)



Een klassiek voorbeeld wat er gebeurde in het begin van Abtswoude bloeit was dat het idee was 'laat de studenten en ouderen samen gaan eten'. Dat we maaltijden organiseren aan het eind van de dag. Wat er dan gebeurt is dat studenten die zitten tot half 6 a 6 uur op de TU en daarna komen ze pas thuis om te eten. Ouderen die zijn gewend om tussen vijf uur en half zes avond te eten. Ouderen zijn niet bereid om dan te schakelen en te veranderen in tijdstip dat gaat niet gebeuren en studenten die kunnen dat ook niet. Kortom, dan gebeurt het niet.

Een tweede voorbeeld is dat voor ouderen is een bepaalde maaltijd prijs of hetgeen wat je betaalt voor een maaltijd ligt vaak wat hoger dan voor studenten. Als een student meer dan 3 a 4 euro moet betalen dan denkt die 'doei ik ga zelf wel eten maken'. Dus als er dan maaltijden georganiseerd worden dan is het vaak veel te duur.

Co-munity interview

Reciprocity from the perspective of social second-hand chain Schroeder The Hague

Being more than a normal second-hand shop, Schroeder fulfils an important social role in the city of The Hague and can be seen as a leader in societal inclusiveness. Schroeder has seven thrift shops in The Hague, some of them combined with a social function. Sustainability is an important theme for them. Schroeder will be 100 years old in two years. It originates from doctor Schroeder, who was a neurologist/psychiatrist. Putting people away in institutions in big forests was not a good idea according to him. He thought that when people have to do physical work, then they get tired and they sleep better. Nowadays, a century later, Schroeder continues as a organisation which offer day care to people who have had a hard time in life, or still have psychiatric or psychosocial difficulties, or have to deal with loneliness, or physical problems, or mental disabilities. They also support people who have been punished by the law and have to do community service. All in all, they deal with a very diverse population.

During the interview it became clear that one of the two interviewees had a background in dementia care, so the interviewees can be seen as both 'social specialists' as 'care specialists'. In the end the interview gave insights on all three levels of care.

C3

Co-care



De laatste 5-7 jaar zie je dat oudere, dan heb ik het over de dubbele vergrijzing dus mensen van boven de 70, dat die bereid zijn om te verhuizen. De beter bemiddelden doen dat zelf, die kopen een nieuw appartement, maar die willen daar altijd hun vorm van zorg bij. Dus dan wordt het geen standaard verhaal maar een maatwerk arrangement, 'als ik het nodig heb moet het er zijn'

Licht dementerende mensen die komen ook hier in het buurthuis, die komen samen met hun mantelzorger, de dochter, of de man/vrouw of de buurvrouw. Voor die mensen kunnen we zeker wat betekenen in een buurtgemeenschap.



Ik heb een tijdje op een dementie-afdeling gewerkt met jong en oud door elkaar, allerlei vormen van dementie. Reuzeinteressant, maar kwam wel van alles tegen. (...). Daar moet je wel tegen kunnen. Dan hebben we het wel over zwaar dementerende mensen die niet meer zelfstandig kunnen wonen. (Dementerenden combineren met niet-zorgbehoevenden is waarschijnlijk niet wenselijk)

Waar ik werkte in de dementieverpleging, dat werd op een gegeven moment gesloopt. Daar kwamen toen ook wel huisjes, waar wat jongere mensen konden wonen, maar ook familie. Dan duidt ik vooral op de partner. Want in het verpleeghuis waren die uit elkaar gehaald. (...) Daar hadden ze toen ook extra grote appartementen gemaakt waar 2 mensen in konden. (hoge prioriteit in architectuur van maken dat als iemand intensieve zorg nodig heeft, dat er op een één of andere manier ruimte is voor de partner)

Co-dividuality



*Wat je ziet in de maatschappij ontstaan in de laatste 10 15 jaar is het crédo dat ouderen thuis willen blijven wonen. Uit onderzoek blijkt dat het maar ten dele waar is want mensen willen zich vooral veilig voelen. Als dat kan in hun thuisomgeving is dat fijn, maar als dat kan in een hofje is dat ook prima.
(nagevraagd naar vindbare bron: ministerie VWS 2 jaar geleden, ook gemeente Den Haag heeft er wat over geschreven)*

Hoe doen jullie dat, mensen zich veilig laten voelen? Nou door ze in ieder geval een bakje thee aan te bieden, wat lekkers erbij, een luisterend oor bieden, en geïnteresseerd zijn in de mensen is heel belangrijk. Dat als ze iets vertellen, daar echt naar luisteren, dat je daar naar terug vraagt, dan voelen mensen zich gewaardeerd.



*Op het moment dat mensen zich prettig voelen in de omgeving van het buurthuis zie je dat ze vanzelf komen met vragen. Over bijvoorbeeld levensomstandigheden, armoede, huiselijk geweld, mishandeling, problematiek met geld of schulden, huisvesting of voeding.
(sociale hulpvraag ontdekken gebeurt in een sociaal veilige omgeving)*

Mijn moeder is 92, maar die vindt het heerlijk dat er schuin aan de overkant een baby'tje geboren is. (...) die houdt het vol omdat mij broers en zussen nog op bezoek komen, maar ook omdat zij het leven als levendig ervaart. Aan de overkant gebeurt wat, (...), daar is ze niet altijd blij mee, maar geeft wel aan dat je onderdeel van de maatschappij bent.

Ik ga nu bijna met pensioen. Mijn vrouw zei: wat ga je dan doen? Dat is wel een goede vraag. Vrijwilligerswerk ofzo, maar wat dan? (Wat wordt vitale ouderen geboden qua 'dagbesteding')

Co-munity



Ik denk dat oudere juist voor de sociale controle aanwezig moeten zijn.

Dat noemen ze in Twente buurschappen. Dus elkaar in de gaten hebben en als iemand een dag niet naar buiten is gekomen terwijl dat normaal wel zo is dat de burens even aanbellen van 'is het oké?'. Dat gebeurde vroeger heel veel, dat missen we in de grote stad heel erg.

In Den Haag is er multiproblematiek. Je hebt verschillende doelgroepen. Jongeren met verslavingen, ouderen met eenzaamheidsproblemen, mensen van de ggz die in de war zijn. Die probeer je allemaal bij elkaar te krijgen en zich veilig laten voelen.

Om die saamhorigheid te creëren gebruik je activiteiten: lunch, of een uitstapje, of een potje sjoelen of potje dammen.

Ik kom net uit een wijknetwerkoverleg van de Morgenstond en daar is nu het initiatief opgepakt om tiny houses in de wijk te gaan plaatsen. Dan kunnen ouderen, of dak- en thuislozen daar gevestigd worden. (alternatieve woonvormen kunnen bijdragen aan inclusiviteit)

Als het (gezamenlijke woonvormen) een verplicht karakter heeft dan wordt het lastig.

Als jongeren mag je best oog hebben voor ouderen, maar andersom net zo goed.



Ik denk dat we zo'n buurtgemeenschap zoveel mogelijk op de normale maatschappij moeten laten lijken, dus allerlei verschillende leeftijdsgroepen bij elkaar zetten. Dat de ene die wel de hele dag thuis zit ook in kan springen voor ouderen, maar ook jonge gezinnen, want dat leeft. Dat is voor oudere erg leuk om nieuw leven te zien en daarmee om te gaan. (Diversiteit zorgt voor levendigheid)

Dat mensaspect en de laagdrempeligheid staan bij ons voorop. In de kringloopwinkel stap je makkelijk binnen, dat is geen enkel taboe. Als jij denkt ik zoek een leuke lamp, je loopt zo naar binnen. Dat daar dan toevallig een sociaal beheerder zit dat kan dan goed uitkomen, maar daar hoeft je niks mee te doen. (multifunctionaliteit kan leiden tot laagdrempeligheid)

Co-munity



Belangrijk is dat we een vangnetconstructie hebben bedacht. Dus als de sociaal beheerder diepere problematiek tegenkomt, dan schakelt zij trajectbegeleiders inschakelen. Die hebben allemaal een achtergrond in maatschappelijk werk. Die gaan dan in gesprek met de bewoner van het buurthuis, wat kunnen we nog meer voor u betekenen. Dat leidt vaak tot een hulpvraag aanbod, dus het is niet zo dat we alles maar bij ons binnen houden. (Er is een gradatie in sociale problematiek verhelpen: het begint op kleinschalig niveau met het contact maken en het opmerken)

Voor dagbesteding is het lastig: niet iedereen is hetzelfde. Daarom is die kleinschaligheid en die open inloop zoals wij die in de buurthuizen hebben zo belangrijk. Dat mensen ervaren van dit is niet alleen voor ouderen, of dit is alleen voor jonkies, maar dat je door elkaar zit. Dat is de grootste fout uit de jaren negentig, toen ze begonnen met die hofjes voor ouderen. Die mensen zijn nu allemaal oud, en dat zijn nu dode hofjes geworden. In de buurthuizen hebben wij echt een afspiegeling van wat de maatschappij is. Jong en oud, gezond en iets minder gezond. En dat maakt dat het wat meer dynamiek geeft.



Daar ligt de uitdaging voor mensen uit jouw vakgebied, hoe kunnen we dat bij elkaar brengen? hoe kunnen we de gebouwelijke situatie waar verpleeghuizen worden afgebouwd, we gaan steeds meer naar kleinschalige woonvormen, hoe houd je dan een leuk aan aantrekkelijk gebouw, waarbij je de combinatie legt tussen de mensen die nog gezond van lijf en leden zijn en tussen mensen die een ondersteuningsvraag hebben.



*Wat is er voor nodig dat jong en oud bij elkaar komt?
Eigenlijk moet je de woonomgeving creëren waar oud zich jong voelt en waar jong zich ook oud kan voelen.*

Co-munity interview

Reciprocity from the perspective of a community-housing resident & sociologist

This interview is done with a resident of residential community 'Taste'. Located in the neighbourhood of Voorhof in Delft, the residents of Taste originally tried to be of value for Voorhof by providing a place to meet and eat together. This motivation originates from their Christian background. The interviewed resident of Taste has a background in sociology and management studies. A red thread throughout the interview is that of dividing up responsibility for reciprocity.

C4

Co-dividuality



*Waarom komen ouderen hier?
Het is gezellig en het is mooi om met mensen uit je buurt op te trekken.*

Maar dat verschilt ook heel erg per persoon, wat voor studie opleiding je doet, dat soort dingen. Welke persoonlijke kwaliteiten je hebt. (...) Het verschilt gewoon heel erg per persoon wat je iemand anders kunt bieden.



Dat stukje verdieping is ook belangrijk voor mensen.

Co-munity



*De ouderen draaien hier ook mee achter de bar.

(in context van wat vind je tof aan openstaan voor de buurt) Of hoe er gekookt wordt, dat soort simpele dingen, dat je meer ontdekt hoe mensen het leven leven.*

Beetje cliché, maar ouderen kunnen levenservaring delen en in die zin ook een andere blik op de wereld wat normaal is.

En andersom ook, jongeren kunnen dat ook andersom delen, met een ander wereldbeeld, andere gewoonten en andere opvattingen. Digitale dingen bijvoorbeeld, jongeren weten daar veel meer vanaf.

Co-munity



Het contact hier met mensen gaat niet om allemaal activiteiten op touw zetten. Dat was het misschien eerst nog wel meer, maar juist gewoon het normale leven, en normale contacten hebben is al waardevol. Niet alleen projecten en activiteiten, dan wordt je er ook mee van in plaats van dat het ook gelijkwaardig is.

*Begin-twintigers die hier komen wonen gaan na 2-3 jaar weg. Dan heb je niet heel veel stabiliteit, dat is ook gewoon richting je buurt, dan bouw je niet per se iets op.
(Relaties en wederkerigheid opbouwen kost tijd, een grote doorstroom staat dit tegen)*

We hadden eerst ook huisavonden van 'hoe zijn we bezig met elkaar en met de buurt en met God en dat hebben we nu veel meer open gesteld, ook voor niet-huisgenoten



Het is wel een samen-leving waar we ons in bevinden. Je ziet al gewoon veel gescheiden werelden. Als mensen elkaar niet ontmoeten, dan snap je elkaar ook minder. Als je het hebt over polarisatie, dan is dat vaak puur omdat mensen elkaar niet spreken en geen idee hebben van hoe een andere groep zich voelt en wat er speelt. Er zit wel iets in elkaar ontmoeten en begrijpen wat zorgt dat je een samenleving bent en niet een verzameling van losse clubjes die elkaar niet snapt.

*Wat kun jij nu nog betekenen voor ouderen in de buurt?
Nou dat heeft niet direct te maken met wonen hier, maar ik had vroeger een buurvrouw in de flat daar ging ik wel eens langs en deed ik boodschappen voor tijdens corona. Dat is een hele praktische wat ik nu zou kunnen doen. Maar in het algemeen weet ik het niet.
(als je elkaar niet meer ziet, denk je er minder snel aan om elkaar te helpen)*



Oja ik weet al waar ik aan moest denken, even een stapje terug, ik kwam pas een quote tegen: Door minder te doen krijg je meer voor elkaar. (...) Als je zelf al die ruimte neemt, dan wordt het ook van jou. Dan ontnemen je anderen de kans om ook verantwoordelijkheid te nemen.

Intergenerational



Reciprocity