Oud Charlois, a home for your entire life? Report of research and proposal of a assisted living area

Veldacademie Oud Charlois Rotterdam 2009

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Assisted living area in Holland

A assisted living area (woonzorgzone) is a neighborhood, district or village in which optimal conditions are created for living with care and welfare, and non-plan 24-hour care available.

Features include:

ordinary residential care which does not dominate; integrated care and services, organized into multi-purpose community centers; resistant housing and living life with good facilities.

The concept "woonzorgzone" appears for the first time in the plans for the new district IJburg in Amsterdam at the beginning of 1999.

A year later, there are half a dozen assisted living areas in preparation. Then follows a rapid spread over the country. In the housing care database are now about 80 assisted living areas. About 35 are in progress, the others in preparation.

An inspiration for woonzorgzone is in Scandinavia. In particular, the Danish way of living, welfare and care are organized - at district level and with much more emphasis on the part continued to ordinary daily life - goes on.

Assisted living areas are a mean to get care and services back in the neighborhoods again. In principle, they are ordinary neighborhoods build for a cross-section of the population. But also people with limitations and thus more care and services needed can continue living in these neighborhoods. Assisted living area create better conditions at the neighborhood level for as long as possible to continue living independently of people with care.

The expectation is that assisted living area encourage the extramuralising forms of hospital care (nursing, residential, institutions for the disabled, psychiatric hospitals). This increases the choice for public care and their social integration. At the same time, the spatial clustering of housing, care and welfare within assisted living area creates opportunities for efficient use of scarce care and this increases the feeling of security to clients and their relatives.



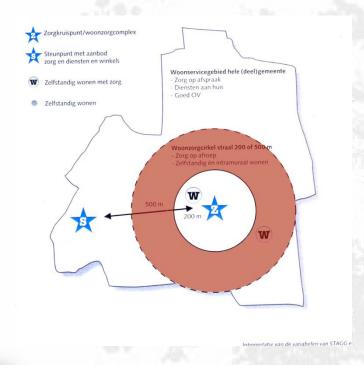
The assisted living area in Rotterdam

The municipality of Rotterdam is creating new areas for health and care in the different neighborhoods. The goal is to combine the existing locations, of care and health services, with new build houses and care centers.

To improve efficiency of 24h care and cut down the cost of the health care. It also creates zone's where care at home can be efficient implemented and create routes for them witch are considerable shorter. This provides a better care and uses less resources because the program is scattered in the area and is used by different facilities.

The objective of these projects is also to provide additional facilities, a sheltered living environment and access to housing. Often there is a joint initiative of town, housing associations and providers of care and services in Rotterdam.

Some of these areas are already finished but others still have developed. One of these is a assisted living area in Oud Charlois.





In the 18th century Holland had a lot of monastary in the old centers. They had undertaken the help for the elderly people. Many of them were not able to take care for the self and needed help from the nuns. Often the churches had build small chapels in the centers with small courtyards with houses around them. These were build for the nuns. But during the plague the function of these were chanced in houses who had the disease and lived there their last years of their live. When the plague was over many of these courtyards were used by the elderly people. They get help from the nuns and uses the chapel for their faith. These courtyards are often still in use by elderly people nowadays.



1750-1860: a courtyard with small houses

Location: center of town Additional functions: chapel

Facilities: food service by the nuns.



In the 19th century Holland started to understand that elderly people needed extra help and they could better stay in a single building instead of staying with there children. The pensioned people could buy a room in a "gasthuis" (guest house) by selling there old house or to give the owners of the guesthouse the rights of there belongings. O when they died the guesthouse would get their belongings and sell them for the money. Often the guesthouses where old monastery which were not longer needed. The people would get their food and medical help, often still helped by the nuns of the monastery. The rooms where often really small and where used by 2 or more people.



1860-1975: old monestary Location: town's borders Additional functions: chapel

Facilities: food service, social activities, medical help





In the mid '70 Holland begun to start building elderly housing packed in big apartment blocks. The apartment where often located already near hospitals so any support came from here. The people who live here are able to manage on one's own with just a little help like food service or medical help in a range of 15 minutes. The rooms are often small, around 45 m2 with just one bedroom.



1970-1985: big service apartment blocks

Location: near hospital

Additional functions: community center Facilities: food service, social activities.





Service apartments

Nowadays elderly housing is more luxurious and better adopted to the wishes of the modern elderly. The rooms are bigger and often there is a atrium for the rainy days here in Holland.

Below we see an senior apartment building were people live independently. Often they rent the room and pay for extra services like alarm, food service or parking space. The building is located within a range of 400m of an health post which is located in an care center nearby. The building has an house keeper with medical training and lives also in one of the apartments.



Location: near health post Additional functions: doctor or house keeper Facilities: food service, social activities.





Commune care apartments

Sometimes people with dementia are best located in a group. These projects started in the early 90s and seems to be very successful. The people stay together and don't become lonely. It helps them remember and keeps them communicating.

An elderly commune is often located in a care center, sometimes they are combined with senior apartments as seen below. The elderly can't manage on one's own and need additional care. They've got their own room, which is quit small (12 m2) and share a common living room. Often the floor is locked to prevent them walking outside and get lost. Mostly they groups are no bigger than 6 people.



Location: near care center

Additional functions: doctor or nurse

Facilities: food service, social activities, help with clothing and

bathing, medical help.





Care apartments

People who need a lot of help with their daily needs can live in an care apartment. Here they will get help with bathing, medical help, putting on their clothes and so on.

The care apartments are often big buildings up to 160 rooms. Often the building is divided in floors with each of them around 20 rooms. Each floor has an coffee corner where people can chat and eat their breakfast. It is not allowed to close the building to prevent people walking outside and get lost. When this happens, the person needs to go to an nursing apartment. The care apartment buildings have often a mix of extra facilities like an barber, church and small supermarket. The rooms are often 20 m2 and have a small bathroom and a small kitchen for thee or coffee, no cooking is allowed on the rooms. Most people who lives in an care apartment don't go out anymore and stay inside because of their mobility.



Location: all around

Additional functions: 24 hour medical help

Facilities: food service, social activities, help with clothing and

bathing, medical help, supermarket, barber.





Nursing home

The elderly people in Holland who are not able to manage them self anymore can go to an nursing home. Here the elderly get 24h medical help on their room and the nurses keep them stay alive.

A nursing home is a place what is often the last place for the elderly were the will live. The situation is often that they stay in bed and can't get out anymore. Or they suffer from dementia and don't know how to get dressed anymore. Often these houses are a little bit smaller than a care apartment buildings. They vary from 20 to 60 rooms but are also often combined with the care apartments. The building is locked to prevent people walking out. Nurses and doctors are 24h available to help the people with their daily needs. In these buildings it is still often common to place 2 or more people in one room of 25 m2.



Location: near hospital or care apartment building Additional functions: 24 hour medical help on location Facilities: food service, social activities, help with clothing and bathing, medical help.



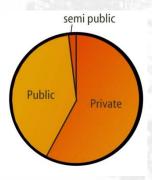


Elderly time schedule

Senior apartments

When people stay in an service apartment, they are still able to manage them self quit well.

Because they are often pensioned they've got more time left than people which are still working. That's why they go out more often in public places and uses public space better than the working class. Of course it always depends on their mobility, lifestyle and their personal interest why and when they would use the public space. The time spent in a semi public space often short. These are chats in the hallway or going to a workshop inside the building.



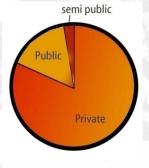
Private: 50- 75 %
Reading
Watching TV
Receiving friend and family

Public: 20- 40%
Visiting friend and family
Shopping
Walking
Sport
Workshop outside
Visiting doctor or hospital

Semi public: 1- 10 % Chat in hallway Workshop in the building Throwing away garbage

Care apartments

The people staying in care apartments go out a lot less than the people in senior apartments. They need and get more help and are often not mobile enough to walk long distances. They are however more used to use the semi public space, because it's inside the building and blocked from they natural elements. The coffee corners are well used and workshops like knitting and singing are often very popular.



Private: 80-90%
Reading
Watching TV
Receiving friend and family
Looking outside

Public: 5-15%Visiting friend and family
Walking
Visiting doctor or hospital

Semi public: 1- 10 %Workshop in the building Drinking coffee



Elderly time schedule

Commune care apartments

The people who live in an commune have often good connections with it's fellow residents. They spent a big part of their time in the common living room together where the cook and do workshops. They often have dementia so they can't get out of the building. Only when family takes them out side. Because the common living room is not accessible for other residents it is not really semi public, but they still keep in contact with the others. It's helping them communicating and prevent them of getting lonely.

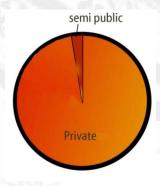
semi public Private

Private: 60-80% Watching TV Looking outside Reading

Semi public: 20-40%
Cooking dinner
Workshops
Chatting
Receiving friend and family
Drinking coffee

Nursing house

When people loose all their mobility, they will spent most of their time inside their room when they live inside a nursing home. They often can't drink or eat in the dining room anymore and will receive it in their room. The most important part of the day is spent on looking outside the window and watching TV. Friends and family will come to them. When they are still mobile enough to walk around the coffee corner and dining rooms are the main goals.



Private: 95-100%
Watching TV
Receiving friend and family
Looking outside
Reading

Semi public: 0- 5 % Drinking coffee Eating in dining room Receiving friends and family in coffee corner or dining room



Elderly in Oud Charlois

The neighborhood contains at 2004 13.178 residents. The number of people of 65 and older dropped in the last 13 years from 17,5% in 1991 to 11,8% in 2004. This is a concerning remark in the neighborhood. Often the people in Oud Charlois moves away when they reach their pension. They go to other neighborhoods in Rotterdam where they can live with more open space and better care close by. Also elderly often claim that the change of ethnicities in the neighborhood changed the feeling of safety. They can't understand what they're saying and a language barrier prevent them to make new friends.

In Oud Charlois is:

49,1 % of Dutch ethnicity 50,9 % are immigrants

Of the immigrants: 9,7 % is from Suriname

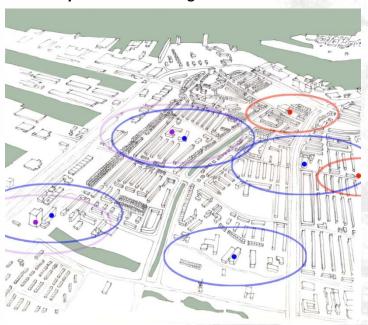
8,4 % is from Turkey 6,1 % is from Morocco

and 6,0 % is from the Antilles.

The most people who lives in a senior building is still often of Dutch ethnicity. The Turkeys people often go back to their home country when they get old, same as the Moroccan people. By the Moroccan people it is forbidden to put your father or mother in a senior housing. It is often culture differences that prevent any integration in the senior housing. There is also the money problem, the people who started working here come here when they were around 35 years old. The didn't had the best jobs so they couldn't build a good pension. Besides that, a large part of the saved money was sent to their home land, for family and friends. Now they've reached their pension age, it's cheaper to live in their home country. Hen the second generation will reach their pension age (in around 15-25 years) this will probably change. The second generation grew up in the flat lands of Holland and has a better connection witch the Dutch culture. Even then their will be off course some differences, the Dutch doesn't live by the rules of faith anymore and in the second generation of immigrants there is still a large support of the faith. Also food, family and music will be different.



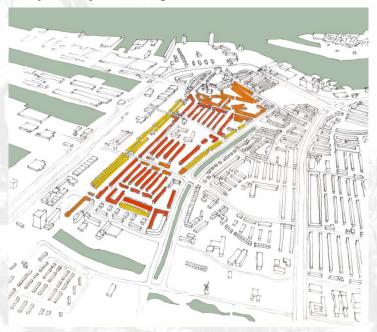
Inventory of senior buildings



- Care apartment building
- Senior apartment building
- Hood office for care appointments

The senior buildings are mostly located in the east side of Oud Charlois. The Vornse hof in the middle will be realized in the future.

Adaptability of existing houses to senior houses

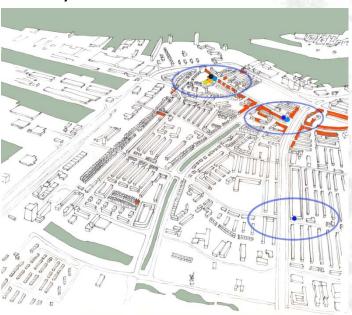


- good: need few adjustments
- Medium: expensive to adjust
- Bad: hard to adjust, no excess for senior people

The existing houses are often expensive to adapt for less mobile elderly. The red parts are the post war buildings of 3 or 4 layers without an elevator. The yellow houses are better to adjust because they've got one house at ground level and one on the thirst floor.



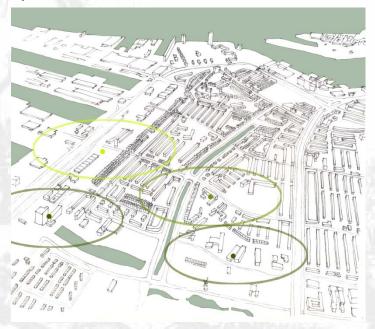
Inventory of facilities



- Shops: supermarket, clothing store e.e.
- pharmacy
- ATM machine

It is clearly that most of the shops are located in the north part of the neighborhood. The south part misses thereby the activity of the facilities. The pharmacy and atm machines are also away from the center of the neighborhood.

Sport accommodations

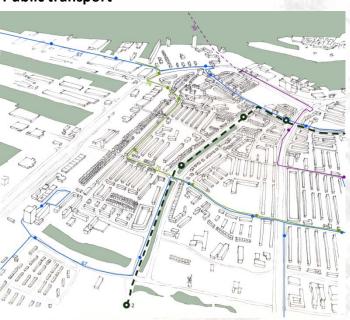


- Elderly sport facilities like fitness and exercising
- Fitness club for all ages
 - Outdoor sport facility

The sport facilities are rare in Oud charlois. The main sport hall in the south will be torn down (not indicated on the map) and there by will leave a big gap for sports here. The only public sport facility is the fitness club and the outdoor soccer field.



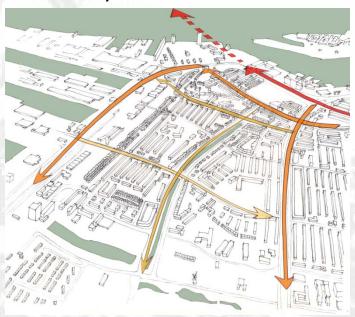
Public transport





The area is well connected with the public transport. A walk to a bus stop is never further than 400 m. It depends on the mobility of people if the would use the public transport. When they get less mobile a tram or normal bus is not possible anymore, the doorstep is to high.

Traffic intensity



Primary road: high intensity

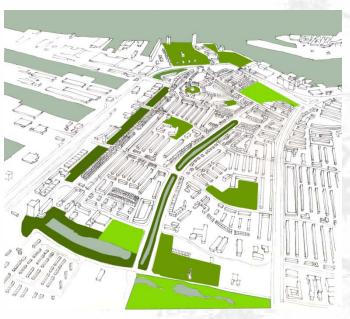
Secondary road: medium intensity but still noisy

Smaller roads: low intensity

The major roads are avoiding Oud Charlois . That is giving the neighborhood a more quiet sight. Even the roads along side the canal has a low intensity. The further south the less the intensity gets. Here there are no passage ways to others parts of town what gives the neighborhood a nice quiet environment.



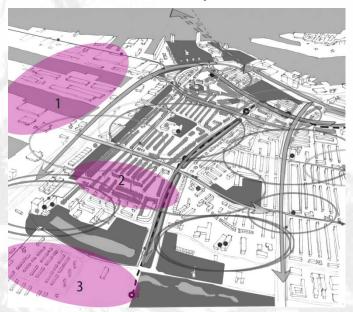
Public nature



- Functional park, with facilities and passages
- Filling grass to improve view. No function
- Border grass, for walking the dog or sit on bench

Public nature is scarce in Oud Charlois. Most of the nature exist of grass for filling empty space or for improving the view. Some parts are really intended to be a park, like the Zuiderpark and the park in the north.

Combination of the inventory



When everything is put together some area's are left over as gaps in relation with facilities, sport, nature and senior buildings. Area 1 on the harbor is a location with lots of industry and will be redeveloped in the future for offices and housing. Area 2 is close to the parks and canal but misses all the facilities for a neighborhood. Area 3 is the Wielewaal, a place developed after the war as temporary housing. It will soon be redeveloped as housing, but no additional functions are planned.



The second area on the past page is a location were no real developed plans are made. This location is also well situated in terms of nature, accessibility, public transport and parts of the existing housing typologies.



Positive

Public transport: The public transport has a good coverage in this part of the neighborhood. The tram and bus line connect to the mayor parts of Rotterdam.







Positive

Nature: de Boergoense vliet with its canal in the middle is one of the best preserved pieces of nature. It creates an connection to the Zuiderpark as a green line through the almost entirely paved neighborhood. Still the canal is hard to reach because the roads enclose the grass around it. It misses also a pathway for walkers, so it is now only used by people with dogs. Also a pedestrian bridge could help to connect the east side with the west side of the canal. It now works as a barrier, just like the roads on this location.



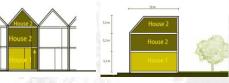




Positive

Housing typology: Some of the housing typologies are well adaptable for senior housing. Still these house have a upper house and a lower house on ground level, the houses on ground level can be adapted for adjustable houses so elderly could live there. The main problem is the doorstep and the large amount of maintenance these houses come by. There is also a possibility of the "kangaroo" typology, so students or others can live on the top floor and help the elderly on ground level. This could bring down the cost of renting the house for the students or it could work like a learning living style were the students also work in a nearby care apartment building









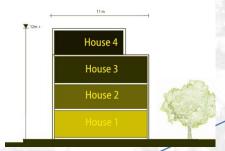




Negative

Urban plan: a few parts of the urban planning of today is blocking the view to the canal and to the park on the south side of the neighborhood. The typology is of the post war period with 3 and 4 layers of houses. These small houses of 60 m2 with 2 bedrooms and containing often families of 5 or more.







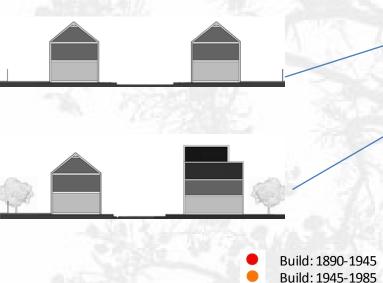


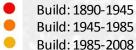




Negative

Housing Typology: a large part of the neighborhood contains post war houses. These houses had to take in the missing houses of the 1940 bombing of the center. Especially the houses of the Wielewaal. The parts which were build after the war are often the same typologies in endless repetition. These houses are higher then the old typologies and creates a dark, grimly atmosphere.









Negative

Nature: some parts of the park in the south part around the pond are disconnected with the rest. These parts are below the school and is totally overgrown with trees and plants. Also the park to the right has an undefined purpose. There is a soccer cage for the youth and a small playground for younger children. The remaining part is undefined with grass and no pathway. The elderly feels threatened when the have to cross this part of the park because of the large amount of youth what can getter around the soccer cage.









GPS research in Wealestein

To research the mobility of elderly people in Oud Charlois we've done a short research with GPS tracking devices. We gave the residents of Wealestein, a senior apartment building in the south, a GPS tracking devices to find out how far they went. After 4 days we had given 26 people a tracking device. The participants were of age between 65 and 94 years old. When they returned of their trip we ask also some questions about purpose of the trip, how often they make such a trip, what kind of transport the use e.e. The results were different then we thought it would be. We thought much of the people would go to the north of the neighborhood to do some shopping but most of them went actually to the south to "plein 54". The center of the neighborhood is never visited by any participant. Probably by the lack of facilities. They all told us they weren't afraid of any part of the neighborhood.

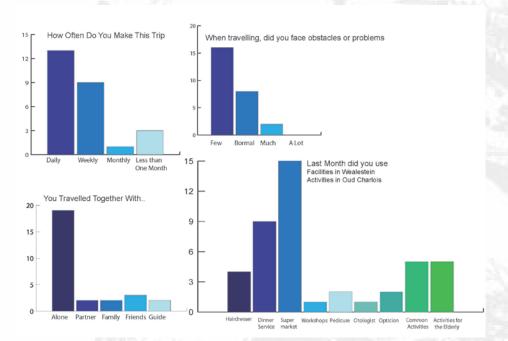






The most people we've questioned went alone and with some help of devices. The scoot mobile was the popular device and showed afterwards that they've reached more than 8 km. Almost everybody complained about the lack of facilities in the neighborhood and the all avoided the tram, because of the high doorstep (the RET don't uses new trams on this line because of the scholars which uses the tram). Most of the participants rather used the bus by call, they could make a

phone call and a little bus brings them to their location they want. But most of the people made just al little trip to the pond to feed the gooses and then went back. Only on Wednesday most of them went shopping.





Question list



Information letter we sent first



The future of senior people of Oud Charlois

In the future Oud Charlois will change in composition of inhabitants. Till 2017 the number of 65+ will drop, but after that it will rise again because of the age of the second generation of immigrants.

Because the connections between the elderly people and the community in Oud Charlois is broken right now, change is needed. The elderly people don't participate in the neighborhood by staying in their apartment buildings but by using the facilities and enjoying the public space. To bring them back we have to provide a barrier free and save environment. By also spreading the different typologies of care inside the neighborhood, the elderly can profit of each other by socializing and helping each other. This only works if we don't create a senior village but create a balance between family houses and senior houses. There are also great opportunities by using the skill's and creativity of the elderly people. Artist like Marcel Wanders already uses the work of the elderly here in Oud Charlois. This helps them to bring them back in the society and give them pride by the work they've done. We should give the elderly people the opportunity to show that when you are old, it doesn't mean you're burnt down.

The GPS results shows that the elderly people still can go far away with devices like a scoot mobile, but when that is not possible anymore the only choice they have now is sitting inside, waiting for family. When the people don't have a meaning in live anymore they give up a just sit inside. By giving the elderly people different purposes they can chose and find out if they are still fit and mobile enough to go there. If the can't they should have an alternative, to keep them inside the community.



Themes and proposals

Different proposals can be made off course, but besides housing typologies there also an other layer needed.



Gardens: by creating different gardens inside the neighborhood, elderly people can still enjoy nature when they've gotten less mobile. To prevent the gardens are overgrown the best is to create commune gardens. These gardens also helps people to get out of solitary and brings them together.



Art: many people who have reached their pension didn't lost his skills. To use the quality of the seniors they will stay in the community. By combining them with the artist inside Oud Charlois they can work for them and show them what they are still worth. That's keeps them proud of their work and the artist can use it for his sculpture.



Health club: to prevent the people getting immobile a health club is essential. Not by building it inside a care apartment building but open it for the whole neighborhood. This helps integration and creates a link between all ages of the neighborhood.



Interventions on location

But a also a variety of typologies will help the senior people. When a family house is located at the same commune garden as a senior house they can work together to keep it nice. By adding a small tee house it will accelerate the integration of different ages.

On the urban scale it is important to open the canal for pedestrians and create a lane towards it for guidance. Also the park on the south has to be changed so people off all ages can use it without hindering each other, but still can meet.



the location includes the park and the school inside it.



Changing urban plan to create open structure and guide lines to park and canal



Adding gardens at different locations, a route between it is created and depending on the mobility of people, a personal route can be made.



Program

In the feature there will be a shortage of 300 houses in Oud Charlois which are adapted to senior people. Also the care apartment building Wealestein will close 80 of its 100 rooms. This includes the psychiatrisch department of 20 rooms. The following program is created to ensure diversity inside the neighborhood and adding necessary facilities

Residences and apartments:

60 living care apartments single app. of ca 28 m2, and commune app.

20 nurse/ care app. for medical help, all single 20 psychiatric app. single app or commune

24 senior houses existing houses, kangaroo with students or single house

18 parcels of 85 m2 building own senior houses adapted for whole life, 100 m2

60 houses combination senior/non senior all flexible for adjustments

18 atelier houses combination of atelier and house for artist

Total of 250 apartments and houses

Facilities:

Restaurant shared, 120 m2, can be divided in two. For theater.

Small pharmacy 50 m2

Health center combined, senior and young

Atelier/workshop 140 m2, artist and senior working together

Small supermarket shared in neighborhood Doctors post for 2 or 3 house doctors

Service point for activities and care appointments or handyman jobs

Neighborhood store shared Indoor garden private for

Delivery at house dinner/kitchen and others, can be combined with rest.

Daycare for young children possible semi connected with care apartments.



rest./ work

Wealestein

30 long stag

60 living care

Minimal requirements

the public space need some interventions to connect the neighborhood better with its surroundings and other care facilities. Often people at the age of 65 and older have friends and family living nearby, and it has to be save and easy for them to reach them.

Publ	lic space:
I UD	ic space.

New bus/taxistop	near care app.

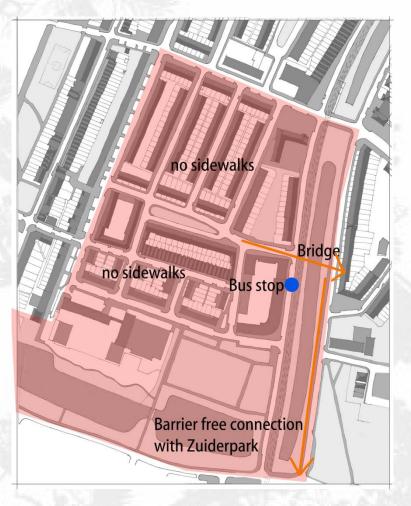
Barrier free surrounding no high sidewalks and easy lane to

park

Small parks and pond semi public for

Small bridge over single to combine lane's and going to fac. of

the Nachtegaal.

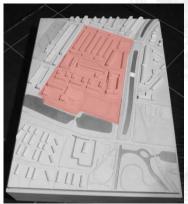




Phases

The location can be adapted in phases. This can create a financial positive effect and it prevents the neighborhood of being inaccessible during building.

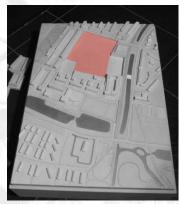
With a model it is good to understand how masses works inside the surrounding and helps to see the best vieuwing lines inside the plan.



location



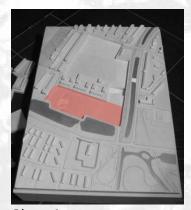
Phase 1



Phase 2

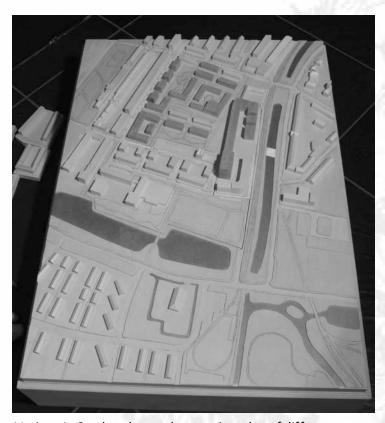


Phase 3

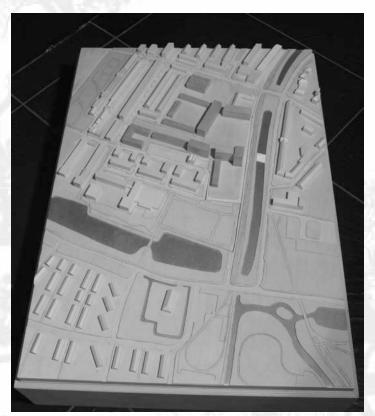


Phase 4





Variant A: Garden theme, by creating a lot of different gardens I made a route through the neighborhood for each mobility. Each garden has its theme on his own like a sculptor garden and a memorial garden. Only the canal was still closed and the differentiation of typology was low. Also all the facilities were at one location what prevents integration in the neighborhood.



Variant B: Square theme, here I implemented different squares and courtyards to create small villages. It ended in a to big and empty space without any identity. The square itself I reused because of it's public attraction and the possibility of combining care facilities together without creating one building.



Adding layers "nature" and "new typologies" to the location







Masterplan



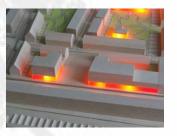
The final design proposal contains different layers of interventions. First of all the park is here reopened by bringing down half of the school and reuse the rest for artist ateliers. Also the barrier of the sidewalks are disappeared and a bridge connect the other side of the canal. By using a combination of gardens and paved squares, a village style and city typology is combined to fulfill the wishes of all ages. Elderly and young families are combined by dispersing the houses of the different lifestyles.





Facilities





Shopping square; here are different shops located around a small square. It is connected by a street the other square so a route is created and follows awards the canal



Care square: the facilities linked to care and medical help is located more towards the park and the canal. On top are senior housing apartments and care apartments located



Art ateliers: artist who work in combination with the elderly can live and work here.
Also a café is located here to facilitate the pedestrians in the park with coffee and tee



Nature





Commune garden: The commune garden is surrounded by a combination of different housing typologies which creates diversity in inhabitants. The younger people will make friends with the senior people and help them in the future when help is needed.



Garden lane: This lane contains gardens combined with benches. The gardens are private owned by people of the apartments. It could be a group of people. This will bring them together en helps them take care of their own public space.



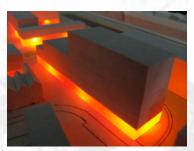
Care square











Senior apartments with on the ground level workshops for the artist and elderly working together. Also a service point is located her to make appointments for help and care.

Care and nursing apartments with on the ground level different facilities as a coffeebar and a care tv studio where people can get help using a connection with the internet

The theatre and restaurant. Because a lot of schools are located around the site they can use the theatre and the senior people can act as audience.

Adapted houses and apartments. On the ground level there's a doctors post and health center. Also an church or mosc and a flower shop.



Impression



Impression of the garden lane with on both sides green facades. By giving the buildings a green envelope the exterior is softer and it will help the environment by collecting dust particles and collecting rain water. The benches also forms a green buffer against pollution and helps the inhabitants stay in touch with nature and its effects.



