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impressions from the perspectives of an architect and a gerontologist**

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# **Dutch care environments for people with dementia: Impressions from the perspectives of an architect and a gerontologist**

## **Background**

The two authors are academics with research and practice experience in their respective fields; architecture (BJ) and gerontology (KS). Birgit Jürgehake is an architect and teaches at TU Delft, Faculty of Architecture and the Built Environment. Her focus is the design of dwellings for Master's level architecture students for care needing older people. Her research encompasses daily life activities and their translation to architecture in the form of a pattern language of elements, materials, spaces and places for older people.

Kay Shannon is a nurse and teaches nursing and older adult health and wellbeing to health science students at undergraduate and postgraduate levels. Her research has a social gerontology focus. Her most recent study investigated the transition of residents from a traditional aged residential care facility to a bespoke village inspired by de Hogeweyk in the Netherlands.

The authors visited three residential care facilities in the Netherlands together in May 2019. The purpose of the visits was to increase their understanding of innovative care environments for older people, particularly those living with dementia, by experiencing and discussing the settings together. The facilities visited were de Hogeweyk in Weesp, Reigershoeve in Heemskerk and Zorgcentrum 't Kampje in Loenen.

## **De Hogeweyk, Weesp**

De Hogeweyk village is an Aged Residential Care facility in Weesp, the Netherlands based on a village model of care. Residents, whom all have severe dementia live in domestic-style apartments with peers who have shared a similar lifestyle in the past (van Amerongen-

Heijer, 2015). In de Hogeweyk, the 152 residents each live in one of the 23 houses with five or six others (Jamieson, 2018).

De Hogeweyk resembles a small modern Dutch neighbourhood and includes features such as a restaurant, supermarket and a hair salon, open to the public. Residents live in apartments, situated on laneways, with small collective gardens in front of the buildings. Residents are free to walk around the village, within the secure perimeter.

### *The visit*

The authors visited as members of the public, coming to the village restaurant for lunch. They wanted to experience how open this village is to the public, as the appearance is not of a free neighbourhood, it reminds one more of a fortress. There is a sign outside the building, indicating that the public is welcome to have lunch in the restaurant. Visitors enter through the reception area, where a staff member sits behind a prominent reception counter.

Unlike entering a naturally occurring village, when entering De Hogeweyk visitors must interact with the person at the front desk. They are then able to come through the second set of doors into the town square. The system of entry keeps residents safely within the village. Architecturally this spatial organisation builds up a boundary to the outside, a visit seems more like a forbidden invasion.

Immediately inside the entry doors, there is a small-town square with a theatre, seating and a structure containing notices about upcoming events. Adjacent to the square is the supermarket, the hair salon and restaurant. The restaurant was not very busy; however, some of the diners appeared to be village residents and their relatives or friends. The supermarket had no clients at that moment.

### *Impressions*

The presence of services such as a restaurant enables residents to continue to engage in activities that have meaning for them, like dining out with family and friends. Living in an environment that supports people to do the things they value is likely to contribute to their overall wellbeing (Stephens & Breheny, 2018). The authors observed residents walking in the town square and the laneways between the buildings, demonstrating the role of the environment in enabling people to go outside and walk around, consistent with recommendations for person-centred environments for people living with dementia (Ministry of Health, 2016). However, public life seems to be restricted to the inhabitants and very few others.

The setting is designed in the standard way of creating new residential areas. The architecture does not resemble a typical old Dutch town. The small scale, however, enables residents, whom all have dementia, to be in a familiar and easy to recognise environment. The provision of everyday small scale environments for people with dementia in residential is consistent with evidence-based recommendations for secure dementia care environments (Ministry of Health, 2016).

De Hogeweyk is a secure dementia care environment, meaning residents are not free to leave the complex unaccompanied. Providers and professionals take the provision of secure dementia care environments for granted, and family members appreciate the safety such settings offer people who have dementia and require this level of care. However, the concept is beginning to be challenged by activists and academics, claiming it contravenes human and disability rights principles (Steele, Swaffer, Phillipson, & Fleming, 2019). There are some examples of the lifestyle group concept of care not always being a good fit when it comes to religions. For example, anecdotal reports indicate that in one lifestyle group (the Indonesian group), different religions might be practised which seems to cause problems. Due to the

closeness of this village and the emptiness of the facilities like the supermarket, the feeling of a “fake” architecture occurs. Further research, especially interviews with the residents themselves, would be needed to enable conclusions about this concept of exclusion and illusion to be drawn. Following the visit to de Hogeweyk, the authors visited Reigershoeve in Heemskerk.

### **Reigershoeve, Heemskerk**

Reigershoeve in Heemskerk is an ARC facility for people who have dementia, contained within a perimeter fence. There are four houses, each accommodating six or seven residents, with 27 residents in total (Jamieson, 2018). The homes are situated around the perimeter of a small farm with vegetable gardens and paddocks containing farm animals including a donkey. Also, within the boundary, there is a large building containing a day-care centre that resembles a coffee shop or bar, with adjoining craft and woodwork rooms, a hair salon and finally, the residents have a collective kitchen with eating and living space.

The philosophy at Reigershoeve is based on providing person-centred care for residents. Staff get to know residents and their preferred daily activities, with the involvement of family members. About 50 volunteers help in the garden, the woodwork and the other collective spaces. The aim of building Reigershoeve was to provide a place where people with dementia could continue to live a meaningful life, engaging in activities that matter to them (Jamieson, 2018).

#### ***The visit***

The authors started their tour with a cup of coffee in the day-care centre. They sat around a large table with other people who were staff members and clients of the day-care service. The atmosphere was one of normality, with people enjoying a relaxed social setting.

The woodwork and craft rooms, where residents can make things, are well stocked and appear well used. These rooms enable people to continue with valued activities, contributing to their wellbeing (Stephens & Breheny, 2018). Outside the building, a path leads around the garden, managed by volunteers.

We walked around the grounds with Henk Smit, who founded the facility with his daughter, Deanna. Henk explained that residents are not physically capable of maintaining the gardens due to limitations related to their health. However, the gardens provide a pleasant outdoor environment for residents to enjoy. The residents live homes that surround the garden, the houses are clad in weathered boards and the ambience is rural and homely.

### ***Impressions***

At the entrance of this complex was a ring tableau with names on it, giving the idea of a typical housing complex, not at all a closed and secure living environment for people who have dementia. The day-care environment where everybody can drink a cup of coffee offers the same impression. The presence of a big garden, with fruit, flowers, animals and a winter garden give a feeling of being on a farm. The overall impression is that of a residential community – not at all of a closed environment only for people with dementia. The number of volunteers may help to create this ‘ordinary’ impression. Following the visit to Reigershoeve, the authors visited Zorgcentrum 't Kampje in Loenen A/d Vecht.

### **Zorgcentrum't Kampje, Loenen A/d Vecht**

Zorgcentrum 't Kampje is an ARC facility located in Loenen A/d Vecht. Residents live in apartments with small kitchens as well as having access to communal kitchen and living areas known as ‘living kitchens.’ The facility also contains a secure dementia care area.

When falling occupancy prompted management to reconfigure the spaces in the facility, the owner of the building consulted with the local community in workshop evenings. The

consultation identified the need for spaces for community organisations to meet, and for the town library. The facility now contains meeting rooms, one new communal kitchen used by the local people and the town library.

### ***The visit***

The facility is located in a small town near Amsterdam. The main building is large and multistoried, resembling a municipal building. The building now has two entrances, one coming from the town centre and one opposite, coming from the neighbourhood. The library is located next to these entrances on the ground floor level, and the children's library is above it, on the first level.

At one entrance there is a sign and a large flag, indicating the presence of a library in the building. The grounds are pleasant, with lush planting and a pond. Bringing the community into the facility via the inclusion of the library and meeting rooms contributes to the desegregation of older people who live in the ARC facility. Additionally, intergenerational interaction is fostered. On their visit, the authors observed people of different ages, but particularly young people, using the library.

### ***Impressions***

When the authors visited, the manager took them on a tour of the facility. They saw the self-care apartments and secure dementia care area. They noted the open feel of the main building, more aligned with a public space than an ARC facility. The openness of the entrance area towards the building and the library offers an atmosphere of a public building, and indeed different ages were seen, from children to older people.

The manager explained that the future goal is to open up the dementia care wing as well. Care staff are concerned about opening up this wing, enabling people with dementia to walk

around freely. Desegregation of residents who have dementia within ARC facilities is very uncommon in the Netherlands but is often discussed.

Entering this building was a regular act, not sneaking in where you are not allowed to come. It was clear that you may enter this building. There was a little reception area for the library, the entrance to the library and to the apartment complex where residents live, with the reception area seems to be the only area where people entering and leaving could be observed by staff. The whole impression was an enjoyable and welcoming one, an open society in a small building complex.

### **Conclusion**

The authors viewed the three residential facilities for older people through their disciplinary lenses, noting some similar and some differing impressions. The appearance of the three buildings was totally different. Lying at the edge of a neighbourhood and the start of office and commercial buildings, 'De Hogeweyk' appears as a fortress, very closed towards the environment. Once inside, the feeling of a 'fake' setting in a typical Dutch architecture comes up. Reigershoeve is an 'out of the ordinary' farm like compound, using wood as the primary material of the buildings pronounces this appearance. T'Kampje appears like a typical Dutch neighbourhood of the 1970s, the balconies towards the south and west show normal life, benches, flowers and daily activities. It is located between the centre of the village and the neighbourhood and its entrances to both sides make it a connection between both.

The difference in the way people from the outside are welcomed was noticeable. Whereas 'De Hogeweyk' openly organised its inside neighbourhood with laneways, the entrance to it seems to be a boundary where control is very present. The authors felt almost as though they were sneaking in. Reigershoeve offers a standard entry that could be found everywhere in Dutch housing blocks and 't Kampje even went a step further, making the entrance area



public due to the library. This open approach takes away the feeling of entering a special building, a building for only older people with most of them needing some care. The extra function of the library transforms the former Aged Residential Care facility with only one entrance (back to the city) to an open building.

The three visits gave the authors a particular spectrum of approaches and fostered the discussion on how to build in the right way for our future? The buildings showed concepts from closed up and protecting to open and inviting living environments for people with dementia. Our sympathy lies in the most open approach as it shows a way towards an inclusive environment, where everybody is welcome, including people with dementia. Therefore t' Kampje offered the most innovative way of conceptualising ARC facilities for older people with and without dementia.

## References

- Jamieson, S. (2018). Churchill Fellowship Report. Ministry of Health. (2016). *Secure dementia unit design reference guide: A person-centred perspective*. Wellington
- Steele, L., Swaffer, K., Phillipson, L., & Fleming, R. (2019). Questioning Segregation of People Living with Dementia in Australia: An International Human Rights Approach to Care Homes. *Laws*, 8(3), 18.
- Stephens, C., & Breheny, M. (2018). *Healthy Ageing : A Capability Approach to Inclusive Policy and Practice*. Milton, UNITED KINGDOM: Routledge. Retrieved from <http://ebookcentral.proquest.com/lib/aut/detail.action?docID=5430831>
- van Amerongen- Heijer, Y. (2015). *De Hogeweyk care concept: Living life as usual with advanced dementia*. presented at the meeting of the Sherbrooke International Life Sciences Summit, Québec, Canada. Retrieved from <http://www.slideshare.net/sherbrookeinnopole/sils-2015-de-hogeweyk-the-care-concept>