Architecture & Care
The care boulevard: a client-focused care chain that features a wide range of facilities and is thoroughly in touch with society.

E-plaza dynamics.

Divergent residential and care facilities increasingly become intertwined.

Independent living in familiar surroundings with care facilities close at hand.

In this issue:

Urban planning and architecture are complementary in the vision of Rothuizen van Doorn ’t Hooft. The architectural firm designs effective, functional buildings with attention to detail and an eye for the spatial and social surroundings. We observe current architectural trends closely. Every architect at Rothuizen van Doorn ’t Hooft develops a distinctive personal style.

Functional business design or casual fun? Depending on the principal’s wishes, the budget or the specific urban planning context, a range of opportunities is available. Having been established over 75 years ago, Rothuizen van Doorn ’t Hooft possesses all the necessary expertise in the areas of design, planning, monitoring, low-maintenance and environmentally safe construction, restoration techniques, interior design, urban and rural planning, legal affairs and general and technical services in the area of architecture. RDH denotes carefully conceived interdisciplinary solutions.

As a result of the current developments in the healthcare sector, traditional healthcare facilities are now situated alongside shops, residences, commercial care services and other facilities. The new care chain is more client-focused, is in touch with society and exists in countless manifestations.

This special issue features projects in which Rothuizen van Doorn ’t Hooft addresses these current trends and covers care projects from various perspectives: the points of view of architects and principals, the urban planning context, and the outlook of residents and consumers are all dealt with. The main challenge is to reconcile all these different factors into a clear vision and a definitive realisation of the project.

Rothuizen van Doorn ’t Hooft architect Taco Tuinhof supervises the care division. In this special issue he reviews various projects and briefly discusses his views.
Adding sheltered housing centres to village centres

In the municipality of Haiderberge sheltered housing centres are under development in Oud-Gastel, Hoeven and Oudenbosch to help seniors remain independent longer in familiar surroundings. The Geertruidenberg housing association (WSG) has commissioned Rothuizen van Doorn & Hoof to design a care plan separating residential facilities from care services. The projects have been designed by RDH architects Pierre Maas, Albert Jan Snijders and Han Visser. The following is a visual ‘tour’ of the three centres.

Previously, elderly people from Oud-Gastel, Hoeven and Oudenbosch in need of care lived at nursing homes ‘De Zellebergen’ in Oudenbosch, which is part of the Groenhuyzen care foundation. Three sheltered housing centres are now being developed throughout the municipality. They comprise several apartment complexes featuring apartments covering over ninety square metres with separate entrances. Central service areas with a restaurant, a pub, an exercise room, a hairdressing salon, a laundry room and care facilities connect the buildings.

In Oud-Gastel the development occupies a central location on the western edge of the village reasonably close to the village centre and is situated in between residential areas on the one hand and sports facilities and recreational parkland on the other. The three apartment blocks, comprising fifty independent dwellings and a single group home, face different directions and have separate orientations; they are accessed via the central lobby. The stonework is purple-brown, and sand-coloured concrete frames liven up the façade and mark the individual homes. The central lobby is accessible to all residents and serves as an inner courtyard containing a restaurant, an exercise balcony and smaller areas accommodating care and management services.

The sheltered housing centre in Hoeven is located at the southern border of the village and is part of an expansion development. The housing facility comprises eighty-eight apartments and three group homes and is divided into five slightly inclined blocks of alternatively three and four storeys, each with a separate entrance. The ground level forms a plinth course with apartments, group homes and care facilities. Beneath the elevated middle block the main entrance, the restaurant, a pub and a recreational area are situated. On the elevated storeys the residential blocks are segmented along the south side: balconies separate the stone-work surfaces of the sitting-room façades. White, sand-coloured and dark-brown brick surfaces veer slightly outward, creating a vista of the open field along the west side in addition to displaying the inner yard. The colour of the southern façade reappears along the passageway, enhancing the individuality of each residence and making it more recognizable. In each residential block, the elevated level, northern façade and the gently sloping roof are surrounded by a continuous concrete ornamentation, so that a seemingly folded surface envelops the central facilities and contains the separate residential bays.

The Oudenbosch sheltered housing centre will be located at the current Zellebergen site. These lush surroundings are in close proximity to many facilities in the village centre. Two pavilions and a four-storey complex will remain but will be converted into a nursing cluster. The 114 apartments will be divided into six freestanding residential complexes, ranging from three to five storeys. Three of these storeys are perched atop posts in the pond, adding an element of continuity to the park and the pond. The residential complexes abut onto a grassy slope, at the bottom of which the central facilities are located. The sloping roof and ground level appears to be elevated and opens up toward the ponds, affording residents and visitors a magnificent vista from the central lobby and recreational areas.

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Care boulevards: a client-focused care chain that features a wide range of facilities and is thoroughly in touch with society.

Exploring tomorrow’s care landscape

One of the new phenomena in the healthcare sector that we are faced with today is the process by which care institutions are transformed into community centres. A wide range of facilities converges in a client-focused care chain that is thoroughly in touch with society. This concept is referred to as the care boulevard. How can existing sheltered housing centres with limited possibilities for expansion accommodate commercial services? Rothuizen van Doorn ’t Hooft investigated the options. Based on the design for a healthcare centre in Alphen aan den Rijn, construction started in July. ‘We carry out building projects according to our vision of healthcare,’ explains Dudshoorn resident Hans Hillebrand in Bouwdruk, published by Rijnland Hospital, Leylethreindee nursing home and Dudshoorn nursing home / Noorderbrink healthcare centre. Hillebrand has worked at Dudshoorn nursing home for thirty years as a physiotherapist, as head of facilities and as head of the treatment division. He helped prepare the construction in Alphen aan de Rijn.

Both Hillebrand and architect Taco Tuinhof believe that the objective extends beyond the construction of an attractive building: people should be able to work, live and undergo treatment at the site. This project is designed to accommodate all these activities. ‘But,’ explains Hillebrand in Bouwdruk, ‘much has changed in the meantime. Visions evolve, especially in the nursing home sector.’ That is why the building needs to be designed in such a way that it can easily be adapted in accordance with emerging trends. Taco Tuinhof: ‘Thirteen years may elapse between drafting requirements and actually constructing new healthcare buildings, as has been the case with the Alphen aan den Rijn healthcare centre. However, in order to keep pace with new trends, construction needs to happen quickly. That is why construction projects in the care sector should be carried out on a larger scale and in a more flexible way, instead of focusing mainly on spending as little money as possible.

A new development model for the future: add care-related services, shops and homes to AWBZ-funded healthcare centres. (AWBZ refers to the Exceptional Medical Expenses Act.) The Stichting Architectenonderzoek Gebouwen Zorgontwikkeling (STAGG) – a foundation for research by architects about healthcare buildings – has coined the term ‘care boulevards’. STAGG-affiliated architectural firms carried out an investigation into care boulevard architecture. Rothuizen van Doorn ’t Hooft examined how existing healthcare centres with limited possibilities for expansion might accommodate commercial services based on the design of the Alatus sheltered housing centre in Alphen aan den Rijn.

The new Alatus healthcare centre consists of three complexes surrounding a covered street and offers various services: outpatient clinics, operating rooms and a nursing department of the Rijnland Hospital, somatic care and an annex of the Dudshoorn nursing home, a rehabilitation centre of the Katwijk ssuside hospice and units that may be leased by medical practitioners, such as dentists, physiotherapists and general practitioners.

What are the options for making this care centre more versatile? To answer this question, RDH added imaginary spaces for commercial facilities to the existing design. Healthcare facilities require excellent health and safety conditions, including daylight, views and proper ventilation. In addition, shopkeepers also care about high visibility, accessibility, means for advertising and sales floors that can easily be rearranged. With regard to larger healthcare complexes, this means that they will prefer units located near the main entrance. Building subterranean additions may be one way of meeting these needs.

The covered street of the Alphen aan den Rijn complex comprises three consecutive lobby areas: a reception, a shopping plaza and a recreational site. The primary healthcare facilities have not been combined with the shops but instead they have been situated on separate vertical layers. The shopping plaza, which measures 10 x 10 x 25 metres, has become the ground floor through the continuation of the facade finish of the existing building blocks and by replacing the floor of the covered street with a hardwood. A passageway to the parking garage has been added as well. The retail areas might be let, for example, to an optician, a home healthcare supplies shop, a hearing aids shop, a gift shop, an orthopaedic shoe store, hairdressing salon or a domestics store. Execution of the actual project – the healthcare centre – is now in progress.
Combining square metres of general space for the entire institution to form a social meeting area featuring a theatre was a unique and avant-garde concept in the 1970s. Consequently, few changes were needed, and Rothuizen van Doorn 't Hooft could suffice with giving the project a makeover.

Taco Tuinhof
Emergis is a mental healthcare centre in Zeeland. One of the 31 branches offering clinical facilities for adults is located at the edge of Kloetinge and the municipality of Goes. The meeting area, the restaurant and the theatre there have undergone a thorough renovation. From a Social Centre to an E-plaza: a multi-functional area.

The Emergis branch on the edge of Kloetinge and the municipality of Goes offers assisted-living facilities for adults, temporary admission, day treatment and emergency shelter. Together with Oosterschelde Hospital next door, it is a care park.

Rothuizen van Doorn ’t Hooft designed the present building in 1970, in accordance with the then prevailing trends: low, dark, lots of wood. New fire regulations, demand for dedicated spaces for smokers and the need for improved conference facilities reversed the requirements, creating a need for a light and spacious building.

Ashwin Zweep, who was in charge of food and beverage facilities for Emergis at Kloetinge, relates how he perceived the makeover of the restaurant and the surrounding services. ‘Several services had always been concentrated in the square: restaurant, cafeteria, theatre and two small shops. Inefficient use of space and the obsolete interior, however, necessitated redesigning the plaza. The objective was to achieve an overall sense of cohesion, and to create an attractive area where people would feel at home. We also wanted to diminish the distance between Emergis clients and the outside world.’

The E-plaza does not have the ambience of a healthcare facility. Skylights admit extra light. The smoking area has a separate corner with a distinctive warm orange glow. A glass wall serves as a partition. Zweep: ‘Guests – as our clients are called – converse more and may chat about physicians and nurses during their breaks from the care programme.’

Along a wide passage, a small supermarket and a hair-dressing salon have opened in addition to the refreshment bar. An activities shop will be established in the near future. Every now and then, a fair is held. Permanent notice boards inform visitors, staff and clients about activities and special offers. At the end of the street is the entrance to the theatre, which has also been transformed. The interior colour scheme has been updated and the acoustics have been improved, thanks to a new ceiling.

Despite the vast space, visitors experience a sense of warmth the moment they enter. Several areas have been designed to resemble sitting-rooms, with vistas and warm hues for the interior. ‘You can feel the dynamics,’ exclaims Zweep, more than ever. ‘This matters to everybody. Our guests are reluctant to share their opinions. But I know they like it, because they spend far more time in E-plaza now. People sit and have coffee together and join others more easily. Others cross through on their way to the residential areas at the rear: one lady walks her two dogs straight across the restaurant. The pedestrian traffic is continuous.’

Since the renovation, the turnover of the food and beverage facilities has increased by nearly six percent. Most clients eat here every day now. This substantial increase in returns arises from the overall design. Zweep explains: ‘People are more inclined to make unplanned purchases. When they finish their shopping, for example, the scent of the delicacies at the refreshment counter greets them. And vice versa. As the sole owner of all e-plaza facilities, Emergis can rapidly accommodate the needs of guests. The client council has a say in these matters and is even allowed to advise on pricing.

The Social Centre, as the area was previously known, has become the thriving E-plaza: a multifunctional space, where staff and clients take breakfast, lunch and dinner, visit the hair-dressing salon, do their shopping and the like. An area where people meet.
At the site of De Blaauwe Hoeve nursing home in Hulst, 151 new sheltered homes reflect the effort to separate living from care. The project comprised two stages to keep all facilities operational throughout to make the transition as smooth as possible. This required a master plan.

Replacing the existing nursing home ‘De Blaauwe Hoeve’ with a new nursing home including a part-time centre needed to happen in stages. Construction in stages meant building the residential areas first and then the rest, enabling the project to proceed while maintaining an optimal level of care. A master plan was drafted while the sheltered housing centre project was in progress.

One of the underlying principles was to avert the necessity of temporary facilities while the project was being executed. Several facilities were added to the required areas for the nursing home and the part-time centre. These were designed to serve the district and neighbourhood as well and they include a group practice of general practitioners, a pharmacy, a Low Cure Department for the hospital, a local supermarket, a hairdressing salon and beauty parlour, rooms for associations and a childcare centre.

These facilities, which are open to the public, have been positioned in a bayonet-shape along a structured, quiet passageway, together with the chapel and restaurant featuring a terrace. The route connects the Dullaert and Moerschans districts for pedestrians and bicyclists. The entrances to the residential wings divided into housing blocks are located along this connecting road as well. To the east of the development area, ‘dual homes’ for psychogeriatric care have been added to the park-like setting in the form of cottages.

The homes are marked by a distinct character and have separate entrances. They are connected to each other and to the care facilities by a transparent passageway, which contains meeting spots at several points. These spots are known as ‘liar nooks’. Architect Han Visser is presently designing the new nursing home premises.
In the Netherlands, the extent of the care need causes ideas about housing and care to be highly dynamic. One of the objectives is to help people in need of care to become more involved in society again. Designs for new care facilities should therefore reflect an interdisciplinary approach.

Instead of designing care centres as distinctive institutes on separate sites, it is increasingly becoming common practice to combine various care and housing facilities in one hybrid design. Many construction commissions in the care sector concern existing institutions on vast sites, often at characteristic locations at the edge of the city or in the city centre. At such sites, the current situation is decisive for the construction process and preconditions. Examples include the different stages of execution or the quality of the existing layout and on-site premises. As a result, in these types of construction commissions, restructuring is becoming increasingly important.

Rothuizen van Doorn ‘t Hooft deals with the different operative forces by approaching contemporary care needs from an interdisciplinary perspective that may entail adding urban planning experts to a design team comprising architects and specialists. We are thus better able to reconcile the programme requirements and preconditions with the current value of the site, buildings and context. Understanding of urban and rural development aspects and procedures, and knowledge of how they are anchored in government policy obviously influence the development process as well.

We have applied this interdisciplinary approach at the St. Jozef site, where our commission comprises approximately seventy homes for senior citizens, 128 beds for nursing home residents and 3,500 m² of space dedicated to services. The site is located in the heart of the hospital area in Deventer.

First, we performed an extensive inventory of the surroundings to assess which elements might be reused in the new plan: the site’s ‘base capital’. These assets included valuable buildings designed according to the Bossche School style, lanes and monumental trees. In addition, the public park that is being developed will benefit all local residents as well.

Next, we studied mass models to determine the preconditions. In doing this, we took critical measures in the transition from profiles to existing residences and relations to the neighbour-hood into account. We subsequently examined how our choices would affect the zoning plan and coordinated the design to form a strong building ensemble. In addition, we assessed the park design, which connects all separate elements. This interdisciplinary approach reflects the added value of a broadly-based architectural firm such as Rothuizen van Doorn ‘t Hooft.

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Housing and care: the dynamics of urban architecture

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The different faces of the Laaglandhof in Rijen

This unique project is a stone’s throw away from the Gilze Rijen railway station. Six parties with different roles in care, housing and education have teamed up to realise their plans at a single site. The project features a range of ‘looks’, as the different facilities in the building and the local variations demanded a differentiated architectural appearance.

Some functions are instantly recognisable to passers-by, while others are less obvious from the façade. The commission from Woningstichting Leyakkers includes a so-called HOED group practice of general practitioners, a pharmacy, twenty care units for the Stichting Amarant, an Amarant regional office and a branch for the Tilburg social services. HEJA Projectontwikkeling produced an additional sixteen owner-occupied apartments and a school for plasterers, including parking facilities, on the same lot.

On a sunny winter afternoon, engineer and project leader Juliette van Ganzewinkel describes how the residential and care units for Amarant, the HOED practice and the pharmacy were realised. ‘By combining the forces and financial resources of several parties, we were able to produce a building that meets high urban development and architectural standards and is built from sustainable materials. As a result, the overall project achieves a greater impact,’ she reports with a smile, as she greets people entering and leaving the different buildings.

Good communication between all parties made for a carefully conceived and detailed list of requirements. This programme, stipulating the desires and needs of all parties, provided a foundation for the architect and senior engineer Ben Gillissen at Rothuizen van Doorn ’t Hooft.

Amarant has provided residences for two target groups: independent living with continuous supervision and independent living with off-site supervision. Upon starting the design, however, it was yet unclear how independent the future residents would be. The design needed to accommodate all types of living, ranging from fully independent to complex care. Ben Gillissen therefore devised a flexible system of residential plans, taking into account future changes in care and allowing Amarant to postpone decisions about how the residents would be assigned until much later.

Amarant home residents take pride in their new abodes. After working diligently to arrange them, they feel very comfortable there. One resident has even started delivering newspapers, as he has moved from a large institution to the village centre. Experiences with the owner-occupied homes have been similarly successful: all sixteen were sold within a month. Responses to the design were very favourable. ‘People find them spacious and attractive,’ explains Juliette van Ganzewinkel. ‘Some find the layout a bit confusing. We will place an information post on the front square.’

The plan features a lovely inner courtyard. Nearly everyone who lives, works, or studies at the Laaglandhof, as it was recently named, has a view of this square. Greenery and a jeu de boules court make for an oasis of tranquillity, and benches are there for people to chat with their neighbours or take lunch with colleagues. Students at the school for plasterers use the front square that connects with the public space.

‘Our initial objectives proved incompatible with Gilze-Rijen’s urban development plan,’ the project leader explains. ‘But the architect convinced the municipality to approve our plans, even the parking requirements and ideas for the exterior of the lot, which in the end made the design more transparent and peaceful.’

Ben Gillissen devised a ‘spot plan’ for the project, examining how much space and which facilities each party needed during the construction process, and what funding was available. This required custom work, from a frame for the pharmacy through an elaborate interior with a built-in audio system for the HOED practice. As the project progressed, the architect did a wonderful job incorporating existing situations and requirements into the design, observes Juliette van Ganzewinkel.

Thanks to extensive consultation and the offer of alternative solutions during the first stage, the resulting design appeals to all parties.

The vision and design of the architect allow for a differentiated architectural appearance to accommodate the different functions of the building and the variations in the surroundings. Pricier large apartments have been built on the Anne Frank plan in a suspended two-storey beam. The concrete layer surrounding the balconies and flights of steps on the front of the beam highlights the urban architecture at this site. Beneath the beam are the HOED practice, the pharmacy and the school. The pharmacy is designed as an independent element and has a façade consisting of vertical wooden posts marking the access to the inner courtyard and the common entrance to the HOED practice and the pharmacy.

The Amarant sheltered homes are distinctive, small-scale units that blend in with the residential street and the new housing development under construction adjacent to the project. Each of the three small buildings comprises seven residences with common sitting-rooms and washing facilities, as well as other care functions. With their dark, brickwork facades, these complexes are firmly rooted in their surroundings.
Before World War II, Villa ‘t Zonneveld was situated in the leafy forest strip along the dune and beach area that runs between Domburg and Oostkapelle. The estate has served several purposes, ranging from a sanatorium for tuberculosis patients to a residence and sheltered workplace for those with mild mental disabilities. Now this magnificent site accommodates Parc Zonnehove, featuring luxury apartments with care facilities.

The concept of ‘care for the elderly’ has undergone massive changes in recent years. Nowadays senior citizens want to remain in their own surroundings as long as possible, reports Parc Zonnehove’s chairwoman of the board Mirjam Drost and care coordinator Jan van Strien. Designation of the Zonneveld estate as a site for care services enabled the Stichting voor Regionale Zorgverlening (Foundation for Regional Healthcare provision, SVRZ) to develop Parc Zonnehove comprising 99 owner-occupied apartments. The shell for the care infrastructure is already standing, but the interior is still unfurnished and can be adapted as needed. An area formerly used as an exercise facility might, for example, be turned into a practice for general practitioners.

The facilities present are now merely supportive but could easily offer care in the future, allowing people to live out their lives here. The SVRZ caters to the clients. This means adding a human touch, domestic attributes and life in a setting that is as normal as possible. Small-scale facilities are replacing the massive institutes. SVRZ has eight so-called AWBZ sites offering nursing home care. Within ten years, the foundation aims to have the care fully de-concentrated, to be completed by the end of 2007.

Parc Zonnehove consists of six apartment blocks in two architecture styles: three curved and three straight blocks. The project design reflects the idea that the clear lines of vision through the area, combined with the segmented and round blocks, define the quality of the ensemble.

Parc Zonnehove can accommodate up to 175 senior citizens and is certified for care without being a care facility. The park and the care and services areas, which cover approximately 200 m² and are located beneath one of the buildings, are the property of a homeowners’ association. The care coordinator present there every day is funded by the basic care dues that are compulsory for residents.

Residents are particularly delighted with the social attributes of the residential community. The largest group is from the Randstad metropolitan belt, closely followed by former Zeeland residents returning to their province. Locals account for the smallest share.

SVRZ care facilities are continuously available. The current range of services is considered to be somewhat frivolous. Since residents are required to subscribe, they use the services extensively.

In addition to the standard selection, Jan van Strien tries to feature a special programme of activities. Daily activities include bridge, a painting class and occasionally special beauty days. The grand café, centrally situated in the park and universally accessible, has a happy hour on Friday afternoons. The package of complementary services includes nursing care, guidance and support with psycho-geriatric problems, care during terminal stages, housekeeping assistance on demand and general maintenance.

Van Strien maintains high standards. The rules and regulations, which are designed to accommodate all residents as much as possible, prohibit hanging laundry outside, outdoor barbecuing and the like. Staff continuity is also important for keeping customers happy. In the future somebody will be on duty at night as well. Intranet is sufficiently elaborate for employees to stay informed and keep in touch with one another.

We aim to satisfy the customers here. Both the quality of accommodations and the range of care is based on demand rather than on regulations. This care centre features a personal touch.

Taco Tuinhof

The concept of ‘care for the elderly’ has undergone massive changes in recent years. Nowadays senior citizens want to remain in their own surroundings as long as possible, reports Parc Zonnehove’s chairwoman of the board Mirjam Drost and care coordinator Jan van Strien. Designation of the Zonneveld estate as a site for care services enabled the Stichting voor Regionale Zorgverlening (Foundation for Regional Healthcare provision, SVRZ) to develop Parc Zonnehove comprising 99 owner-occupied apartments. The shell for the care infrastructure is already standing, but the interior is still unfurnished and can be adapted as needed. An area formerly used as an exercise facility might, for example, be turned into a practice for general practitioners.

The facilities present are now merely supportive but could easily offer care in the future, allowing people to live out their lives here. The SVRZ caters to the clients. This means adding a human touch, domestic attributes and life in a setting that is as normal as possible. Small-scale facilities are replacing the massive institutes. SVRZ has eight so-called AWBZ sites offering nursing home care. Within ten years, the foundation aims to have the care fully de-concentrated, to be completed by the end of 2007.

Parc Zonnehove consists of six apartment blocks in two architecture styles: three curved and three straight blocks. The project design reflects the idea that the clear lines of vision through the area, combined with the segmented and round blocks, define the quality of the ensemble.

Parc Zonnehove can accommodate up to 175 senior citizens and is certified for care without being a care facility. The park and the care and services areas, which cover approximately 200 m² and are located beneath one of the buildings, are the property of a homeowners’ association. The care coordinator present there every day is funded by the basic care dues that are compulsory for residents.

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At Rothuizen van Doorn ’t Hooft we consistently aim to advance our expertise in constructing care facilities. To promote knowledge sharing, the firm has joined the Stichting Architectenonderzoek Gebouwen Gezondheidszorg (STAGG).

STAGG comprises about sixty architectural firms that specialise in designing healthcare buildings and conduct research for the foundation. They share knowledge and experiences through research and discussions.

The different STAGG activities better enable the affiliated architectural firms to advise principals and other concerned parties about procedures for constructing healthcare buildings. They offer essential input toward designing quality and need-based accommodations.

The activities of the foundation make those concerned aware of the importance of architects in designing a setting that benefits the healing process and general well-being of its users. STAGG’s activities also ensure that the expertise of the affiliated firms remains up-to-date. Research, study trips in the Netherlands and abroad, seminars, workshops and symposia serve to help members stay abreast of new trends.

In the Netherlands, construction of healthcare premises is a complex, long-term process, involving many different parties and interests. Budget constraints, legal regulations, functionality and effectiveness often appear to prevail over the essence of the actual care services, i.e. striving to meet the desires and needs of clients.

Accordingly, the publication ‘Space - Questions, Building projects at care institutions approached from the perspective of the client’ has been drafted to address sheltered housing at institutions where housing facilities are closely intertwined with treatment, care and nursing facilities. Based on seven themes, ranging from autonomy to privacy and social contact, parties involved in building plans for care institutions can chart client needs.

Research visit to the United States: Senior Living

Rothuizen van Doorn ’t Hooft sent Taco Tuinhof on a research visit to the United States in April 2005. The seven-day programme provided an extensive introduction to the special approach to living, services and care prevailing in the United States.

Residential facilities for senior citizens in the United States have undergone a different course of development from those in the Netherlands. They have been developed by the hotel industry, based on the principle that senior citizens are responsible for their own lives. Hotel chains discovered senior citizens as important customers decades ago and devised an appropriate selection, complementing accommodations with services. Combining them with care has led to a rapid increase in senior housing and assisted living facilities.

In the Netherlands we are on the verge of major changes regarding the combination of accommodation and services. Our government is now assigning responsibility to individuals as well. The research visit included a tour of residential service organisations such as independent living and continuing care retirement communities to help participants gain an understanding of the latest trends in the United States.

From vision to form

Rothuizen van Doorn ’t Hooft has organised the conference ‘Van visie naar vorm’ (From vision to form) for care institutions planning construction projects. In designing building plans, the architectural vision and its application in the context of care institutions constitute the points of departure.

Participants explored the transition from the institution’s vision to a visionary design. This challenging, creative and intensive process entails teamwork between the principal, the care institution, the architect and the construction supervisors. At the conference, instruments and ideas were presented for use in preparing innovative construction. The objective is to link knowledge and expertise in care innovation, organisational development and architectural design to manifest the vision literally and metaphorically in innovative accommodations. Care entrepreneurs become principals.