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SUPPORTIVE HOUSING: CHANGES IN PEOPLE, SERVICES AND ENVIRONMENTS

Most industrialized nations have developed programs of housing constructed to serve the needs of older people. Over the past decade a subvariety of such purpose-built housing that builds in supportive services, in addition to the primary shelter, has appeared in increasing numbers - "congregate housing" in the United States, "foyers-logments" in France, and undoubtedly other names in other countries. However, the bulk of all housing built for older people may be characterized as "independent housing," that is, housing that presumes most occupants to be reasonably healthy, mobile, and able to perform their own self-maintaining tasks such as shopping, cooking, and housekeeping. In the United States about 700,000 older people live in such independent housing. Unlike people in the middle-adulthood period, those in the later years can expect to decline in health as they near the end of their lives. The hospital or nursing home is often their final residence. However, there is a period from the time of their beginning biological decline and the time when institutional care is sought during which the needs of these tenants may be poorly met in independent housing. In Kahana's terms, the congruence between person and environment is disturbed. In the absence of the built-in services that are an essential component of congregate housing, tenants with beginning impairment may have difficulty doing their shopping, keeping up their apartments, and sometimes performing basic self-care such as bathing or dressing. Thus they may be at risk of having to go to an institution, where similar tenants in supportive housing could have enough services provided on the site to postpone their entry into an institution.

A substantial number of the tenants in independent housing age together; as they age so does the environment in which they live. The present research focused on the history of 5 planned housing environments over a period of 12 to 14 years. The study addressed the following questions:

1. How do the aggregate characteristics of the tenant populations change over time in basic competences such as health, social behavior, and psychological status?
2. Do the kinds of services provided for the older tenants change over time?
3. Have the physical features or the uses of physical spaces changed over time in response to any changing needs?

The research was performed at 5 urban planned housing environments for older people whose original tenants had been studied intensively in 1966-1968. In 1980, 499 tenants were interviewed to ascertain their competences in many areas, their needs, and their uses of services. Simultaneously, behavior maps, physical-space surveys, and interviews with both housing staff and community service planners were done. The results indicate that while there is a significant tendency for tenants to be more impaired 12-14 years later, this tendency is perhaps

less marked than one might have thought. Major changes have occurred in the supportive-services context. These changes rarely involve new services delivered by community-based agencies to selected tenants who have special needs. This type of service delivery may be called a "pathwork of services". The patchwork can be an effective alternative to the much more expensive congregate services. There were virtually no structural changes made to the housing environments. The physical-environmental changes that did occur were primarily in the uses of spaces and the scheduling of activities.

The research will be discussed in terms of Lawton's "constant" versus "accommodating" models of environments for older people.

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AESTHETICS AND THE ELDERLY

Summary:

A humane environment for the elderly should include both awareness of daily and seasonal change and response to beauty. Beauty is defined as the quality which gives pleasure to our aesthetic sense. In architecture this is interpreted as form, colour, texture, use of materials, proportion and scale. Awareness of daily and seasonal change is enhanced by a climate responsive structure where the inhabitants participate in controlling the comfort of the interior spaces and where they have easy visual and physical access to the outside. This presentation will explore some theoretical issues regarding the combined roles of aesthetics and response to climate in designing spaces which are used by older people. Using slides of a recently completed senior center in Maryland, U.S.A as a case study, we examine some non-verbal responses of the elderly to their environment.

The question is one of subtlety, not technique. That is, it is not simply a matter of designing a technically efficient climate responsive (or passive solar) environment. The more important issue is creating a successful thermal environment which incites feelings of happiness, pride and enjoyment. Most humans are enveloped by architecture their entire lives; what they see, feel and experience colours their appreciation - or lack of it - for their surroundings. These feelings are not measurable ones. Although post evaluative studies often try to determine whether occupants "like" their environment, these statistics can be misleading. They lack the necessary ingredients of subtlety and intuitive knowledge which are necessary ingredients for designing humane environments. Categorizing the degree of "liking or disliking" our surroundings tells us just that, nothing more. Taste, then, is not an important criteria.