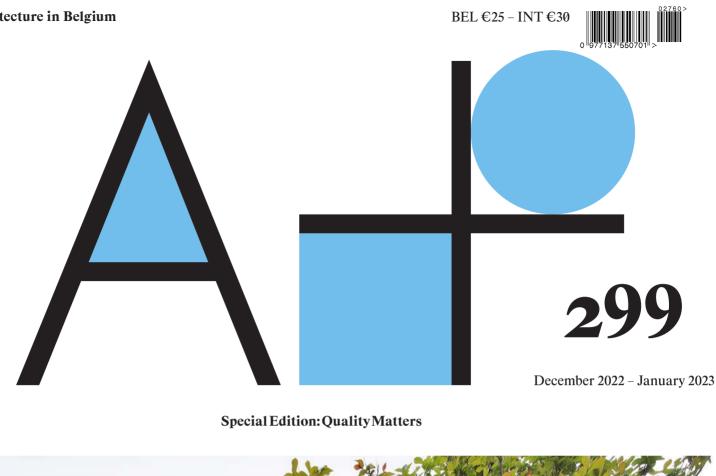
# Architecture in Belgium



Special Edition: Quality Matters







# The comforts of architecture

Bart Tritsmans

The palliative day

Coda vzw in Wuustwezel is a unique place. In a new building by noAarchitecten, Coda combines a palliative day centre and a hospice besides offering home care, palliative care and bereavement care. It also houses the headquarters of Netwerk Palliatieve Zorg Noorderkempen (NPZN, Noorderkempen Palliative Care Network) while aiming to be a meeting place for the community. When the Flemish Government Architect and the relevant minister launched a call for ambitious clients in 2012, Coda was selected as one of five Pilot Projects Invisible Care. Coda was assigned an architecture expert, a care expert and a project manager to prepare the project definition and to guide the selection process. Alex de Kind, who started at Coda as project manager and has been its director for two years, gives his views on the pilot project.

centre Coda is a house where people can eat and have a drink together and where no one wears a uniform. The architects of noAarchitecten replaced the existing monastery farmhouse by a new construction design.

consisting of guest houses, residents having a front and back door and being able to visit one another. The patchwork of roofs and facades of the old building formed the basis for the new



11

Alex de Kind receives me in Coda's offices. While he prepares coffee, we look out through the large window, between the gabled roofs of the day centre's living space, over the fields where the morning mist is slowly dissolving in the September sun. De Kind then launches enthusiastically into his ambitions for Coda (and how they are being thwarted by a tangle of regulations), about the spatial translation of 'well-being' (he doesn't like the word 'care'), and about the importance of the Pilot Projects Care for the future of society.

## Well-being as a mission

'The care landscape in Flanders is just as subdivided as our spatial planning', de Kind observes. One of his ambitions is to remove the partitions between different care institutions, in both administrative and organizational terms as well as in architectural terms. In preparation for the pilot project, Coda carried out an analysis of the strengths and missing links in the functioning of the centre. Inspiring examples included Maggie's Centres in the UK and the many hospices in the Netherlands. 'When Coda was founded in 1996, people came here from the Netherlands to see what we were doing', says de Kind, 'but today we turn to the Netherlands because

Coda can call on a wide network of partners, volunteers and donors, and it also wants to be a meeting place. 'Our annual barbecue, which once started as a fundraiser, attracted 2,500 visitors this summer', laughs de Kind. 'That's what I call collateral damage of the right kind. We want to convey the message that Coda is not just a place where people die, because nowhere do people live as intensely as here'.

## **Spatial translation**

As the smell of soup wafts into the offices from the kitchen, Alex de Kind explains how, together with architecture adviser Marlies Röhmer and care adviser Marc Cosvns, he studied the project definition. We asked ourselves, How do you give a face to invisible care? And how do you create a building that can optimally facilitate care?' Together, they looked for a way to translate the programme into a master plan that would combine care and architecture. 'The collaboration was quite organic. For example, Marc Cosvns emphasized the importance of a village feel to facilitate care for each other. This led Marlies Röhmer and me to the idea of guest houses, where guests would have a front and a back door and would be able to visit each other.' Coda aims there are hardly any palliative centres like ours in Flanders'. to provide a place tailored to the individual. We want to  $\rightarrow$ 

> For this project, the architects did not deliver a shell. but finished off the building down to the last details. References to the monastery farmhouse - such

as the large grooved barn doors and a recurring sculpted column - show that they approached the design assignment from the viewpoint of the guests.

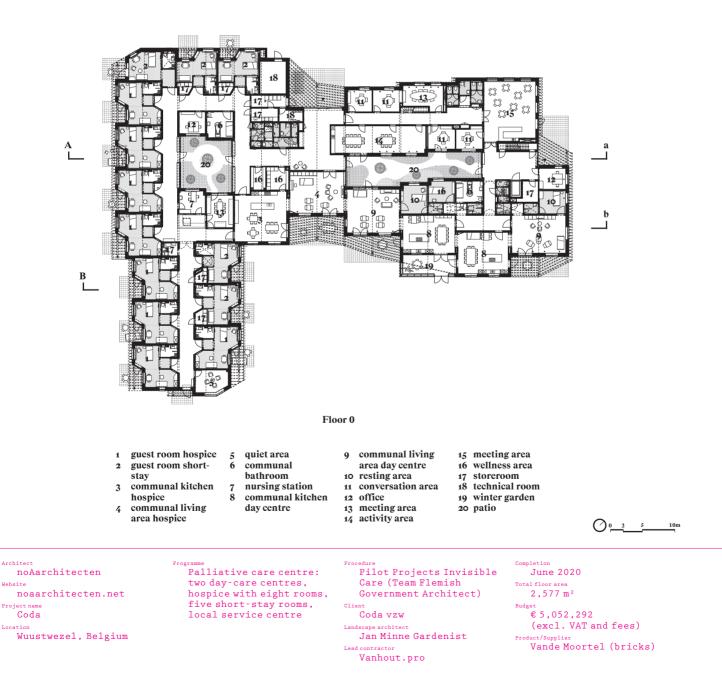




Section Aa



Section Bb



support for the network of our guests. Coda should offer a home where people can have an aperitif and eat together and where no one wears a uniform.' That human dimension also had to be translated into the architecture. De Kind worked for years in a consultancy for care buildings and wanted to avoid Coda having the aura of an institution on account of its appearance. We want to be an open centre, and so the feeling of the building as an entity that had grown organically was very important', he says.

## Organic

Out of the three design proposals, it is the design by noAarchitecten that was selected. They proposed to replace the existing monastery farmhouse by a new building to provide

approach palliative care as broadly as possible and to provide guests with as much comfort as possible as well as to optimally integrate the different functions. The patchwork of roofs and facades of the old building formed the basis for the new design. 'When one of our guests visited the new building, she remarked that the living room looked much better after the renovations. The fact that guests hardly noticed the difference from the old farmhouse shows that the architects perfectly managed to reconstruct the organic character of the building.' Although the negotiations during the construction process were not always easy, de Kind particularly recalls the architects' commitment to the project. 'They were very sensitive to the spatial qualities of the building. Today the architecture facilitates much better the goal we want to achieve in Coda.'



The main quality of the design lies in the meeting areas that were created: a winter garden and deen window sills that are perfect for intimate conversations. The succession of spaces makes social contact possible, but also offers resting areas from where to enjoy views of the park

garden.



© Filip Dujardin









# Place of comfort

The architects didn't just deliver a shell for this project Although the architecture is primarily a translation of the but finished the building down to the smallest details so that it would immediately offer a warm, home-like hospice. References to the monastery farmhouse - such as the large grooved barn doors, a recurring sculpted wooden column and floor mosaics as well as colourful kitchens and fixed furniture - show that the architects approached the design task from the guests' point of view. 'The greatest quality of the design is in the meeting places that were created', de Kind reveals. In the winter garden there are two empty flute glasses for an aperitif. Talking in whispers so as not to disturb the resting guests, we walk past the living space to the corridor that runs around the winter garden. The deep window sills are ideal for confidential conversations. The succession of spaces allows for social interaction while also providing resting points from where to enjoy the view of the park garden.' A balance between social contact and privacy was also sought inside the guest houses: the sleeping and living areas can be separated, and beds can be moved onto the screened-off terrace so that guests can get some fresh air.

### **Pioneers**

human scale, it also reveals a certain activism. By linking up the spaces of the various care functions, Coda seeks the limits of the legal frameworks with a view to creating an environment in which human well-being is central. De Kind observes that the care landscape in Flanders faces some major challenges, and he emphasizes the role of other pioneering projects such as Huis Perrekes and the Symbiosis Foundation. 'From the perspective of the Flemish Government Architect, this is probably a highly successful project, and let me be clear, without the Pilot Projects Care we would never have been able to realize Coda's new building. But from a well-being perspective, there is still much work to be done. With this pilot project, our ambition was to initiate a shift in care. We hoped that realizing Coda in 2020 would lead to thirty Codas in 2030, because we are convinced that the small scale can offer solutions.' A

The design of Coda gives a face to invisible care: it is a building that can facilitate care optimally but where the importance of

meeting, discussing and comforting remain in the foreground. Care and architecture come together in Coda.

