

Reflection

Health@BK Lab

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Interest and motivation

After writing the thesis about sacred architecture, I became interested in wayfinding and orientation inside architecture. Then the idea of “what if people do not have the ability to orient themselves inside a building” which eventually led to curiosity towards people with dementia. This was the most important reason why I chose to graduate at Health@BK Lab, that would guide me through the process and provide knowledge and expertise in the healthcare field.

During the research, I was focused on the aspect of social inclusion / exclusion of people with dementia and how architecture could create possibility to fade the stigmatism around the disease and opt for a scenario where people with mental illness can still be socially included.

As the research went on, I discovered that there were group of people, elderly migrants that are ageing in the Netherlands. that were vulnerable, but yet neglected and was becoming an uprising social problem in the current society. Soon, I became passionate about this topic, which was a natural process due to my own migration background, I was designing something for my parents, and even myself, a place that would give them the feeling of assurance and safety to age in the Netherlands where they can go to when in need of care that was cultural specific.

Research Method

The approach of Health@BK which is user-centred and starts with defining wishes and needs from the user's end. Since the starting point of the research doesn't begin with the design principles according to the preferences of the healthcare professionals, the outcome is very different. Also, by involving the end-user to the design process, the outcome will be a design that is satisfactory to the user.

Through the main research method which was making use of interviews, I was able to track the requirements for the design from the user's perspective which was an interesting approach. The user analysis that was held was with a care giver of someone with dementia, a group's discussion / interview with people in the Netherlands with migration background of longer than five years (the average age of this group was late 40's and they had started thinking about whether they should stay in the Netherlands or return to South Korea to age safely). Lastly, I was very fortunate to have had an occasion to visit my own grandma in Korea where I got the chance to talk and gain insight towards her daily routine / life and learn about important elements and the social status of elderly in Korea.

The process in total was a combination of quantitative as well as qualitative research, which is crucial to make evidence-based design work. Qualitative research method for a user-centred analysis is effective because you can talk about the details and design principles about a certain space from a smaller scale. Quantitative research method is an extension of the qualitative research, where the social – cultural aspect is added to it. Quantitative research also reduces the gap between subjectivity and objectivity where method becomes scientific.

To prove that these facts that are extracted from interviews are correct, literature study had been added. To be able to translate the wishes and needs of an user to an actual architectural component / language, a literature study of dementia in general and what design principles are used inside the current nursing homes has been conducted. Whereas the general part of dementia was easy to validate due to the amount of existing studies, the part for the elderly migrants was more difficult to confirm due to the minimal amount of studies there had been done, due to the fact that this is still a phenomena that just had started and was an issue that had been neglected for a long period.

Case studies also helped to enrich the research where I took a look at what the stronger and weaker architectural features were inside the current nursing homes. The research of these nursing homes was a combination of projects

that was based on a detailed explanation of nursing homes that the interviewee had visited and also a project that I was able to visit. Also, by studying Hogeweyk dementia village, which is more of a promising project, gave me insight how the design that is based on the user's preference can have an enormously different outcome. This was still a project where the social inclusion of people with dementia was not a focus point, so I decided to search for projects that tried to fade the barrier between people with dementia and the society. As discussed in the research, Sayanomoto clinic based in Japan is a project that enables the concept of talking about dementia on a casual level, which can have an impact on the stigmatism towards dementia itself. By making this vulnerable group of people visible, and creating a space where people can casually talk about mental illness, a possibility towards social inclusion had been made.

Process / dilemma

After finishing the theoretical research, I knew that the perfect location for this project, elderly housing for elderly Asian migrants, would be in the stadsdriehoek near the China Town in Rotterdam. The choice for the location and the program was mainly based on the user's preferences. The only problem that I've encountered was that I couldn't go back to the location for the second time due to the outbreak and the lockdown regarding corona virus. Luckily, I was able to gain a lot of information on the first time I've visited the site and also, there were quite a lot of articles about the and its environment where I could base my design on.

Regarding the design, the biggest challenge was to create an environment for elderly, which is a group of people that is vulnerable due to their physical and mental condition, that would provide freedom for them with the possibility to social inclusion which was also safe at the same time. Finding the right balance between maximum freedom and establishing a safe place for these people was not an easy process. To have programmes that are shared with the society and housing which is private in the same building, preferably by a porous barrier between the public and private to maximize the rich social active life of elderly (where interaction between the elderly and other groups of people such as children, students, starters etc.), was a long process of adjusting and balancing the project.

During the design process, sometimes I made choices based on my own esthetical preferences, but thanks to the my tutors and their feedback, reminding what questions I should be asking, helped me to make right design decisions, I was able to come up with a design that had a balance between the practicality and visuality. Also by constantly getting feedback from the user's point of view, the final result is something that is adapted to the cultural specific preferences and tries to portray a suggestion on how elderly Asian migrants can age safely in the Netherlands where they have the possibility to interact with the society and have a socially active life.