

# Final reflection P4

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AR3AD110 Dwelling Graduation Studio | Designing for Care in an Inclusive Environment

It is fair to say that my design process during the graduation period was far from smooth sailing. Something which came as quite a surprise for myself, even more due to the fact that designing usually is more my strong suit compared to doing research and scientific writing. By cause of returning illness, a continuous lack of energy, and increased feelings of stress during the first weeks after the P2; my design process unfortunately was off to a slow start. Due to the timing of this was the transition from research to design pretty difficult for me, meanwhile did it also prevent me from getting into a good rhythm and making steps forward in my initial design. This created a new situation where I, so far during the entire bachelor and master degree in Architecture, was still unfamiliar with. A situation where I was behind on pace, design products, and an overall idea of the way in which I wanted to push my design. During this my confidence also took a hit, where in an increasing manner I was unsure about my design, my own capabilities, and the progress that I made. This caused me to overthink my own decisions and this made the progress even harder, till the turning point after the P3 which helped me prevent the negative spiral which was initiated. I can't stress enough how grateful I am from the tutoring moments with all tutors during this period, which really helped me putting things in perspective and finding the right track to go ahead. I've always tried to take their feedback to heart and translated that in my design and further work. Which I in all cases tried to relate to my research, in order to create a strong connection between both.

Even though that it became an unnecessary stressful process, did it also in turn out to be quite valuable and insightful for similar future situations. In the end, I'm quite satisfied with the way how my research and design turned out. Of course will there always be a voice within me who is curious about how my design would have turned out without the physical and mental road blocks during the process. But rather than sticking to the things that are not there, am I grateful for the progress that I made within the project as well in my own mental

1. What is the relation between your graduation (project) topic, the studio topic (if applicable), your master track (A,U,BT,LA,MBE), and your master programme (MSc AUBS)?

The studio, 'Designing for Care in an Inclusive Environment' is based around the central theme of human centered approach, both within the research as well in the later design. Within my graduation topic I tried to really enhance this approach, mostly by trying to scope in on the view of people who were unfortunate enough to suffer from the horrible illness of dementia. Focusing on how life could be improved by maintaining wellbeing and the social inclusion for people who are in their most vulnerable state. While the disease on itself might cause a decrease in health, should in my opinion the dwelling and surrounding built environment provide ways to live life to its fullest potential. A situation completely different than the last years of the life of my grandma, who mostly sat inside her room locked off from all that was still to be done. Fueled by experiences during the fieldtrip, where people were joyful and full of life despite the visible- and invisible limitations. An experience which showed me that it could be different, and made me want to pursue a situation to make that a standard rather than the current exception. Due to this do I think that my graduation links to the architecture MSc in general, using design as a mean to deal with social and spatial challenges encountered in the built environment.

2. How did your research influence your design/recommendations and how did the design/recommendations influence your research?

As mentioned within my discussion, is the topic of dementia-friendly design quite broad and extensive. During the initial phases of my research did this also overwhelm me a bit, where there were a lot of different paths I could take within my research and eventually later design. By choosing a certain path and limiting myself to only some aspects within healing architecture, was I able to define a clear- and useful set of design guide lines within my research. The definition of these design guide lines, based on literature review and fieldwork, eventually really helped in the later design stages. It provided some parameters and backup for the design and it enabled me to always make design choices that were supported by the research. On the other hand, did the design also influence certain parts within the research. Especially related to the topic of social inclusion of people with dementia and the definition of social functions that could help in providing the right environment.

3. How do you assess the value of your way of working (your approach, your used methods, used methodology)?

My research tried to find ways to show how a neighbourhood could be adjusted for it to be more dementia friendly. Providing ways for people with dementia to remain living in their familiar home environment, while still being able to live the remainder of their lives to the fullest without any restrictions. To my surprise was there barely any research available about this topic, which created a situation where I had to decide what would provide the best foundation for this research due to a lack of reference material. For it to be complete and conclusive, did I combine both the more theoretical and practical side regarding this topic. By using literature studies and testing that knowledge by the use of case studies and the gained experience from fieldwork. Did those correspond and/or did the fieldwork provide new valuable insights which also should be included, all be it by sightings and/or by interviews with (in)formal caregivers. The use of these methods helped me to gain a deeper understanding of the topic and in the definition of the design guidelines. In hindsight, would the use of interviews with architects who are specialized in healthcare architecture been very helpful in the testing of the theoretical knowledge within the literature studies. Questions like what they valued the most within the design, what architectural elements helped the most in the wellbeing of people with dementia, etc. could have helped to create a deeper level of understanding within my research.

4. How do you assess the academic and societal value, scope and implication of your graduation project, including ethical aspects?

Due to the increasing rate of people being diagnosed with dementia within the Netherlands and the decrease in financial funding and medical staff, a prominent problem arises for the future. This is even further abbreviated by the current- and future political policies, aimed at keeping people with dementia to remain living within their home environment. In essence not a wrong or right standpoint; which is also often the wish of people affected by dementia. However, if the current- and future built environment isn't altered and modified to provide the right living environment for these people it will create big problems on both ends of the spectrum. People with dementia will experience increasing feelings of anxiety and confusion that will affect their wellbeing. While informal caregivers will (unnecessary) have to carry a huge burden to apply all the care that is needed, having a huge impact on their quality of life and wellbeing as well.

The ethical aspects also played a major dilemma in this research, due to the fact that I was not able to interview the target group that I am designing for. In an ideal scenario would you talk with people about their desires in the built environment, in order to be able to fulfil those needs. Now it is a matter of presumption that they will hopefully like it, by the use of information from (in)formal caregivers and evidence based-design. In a further research could it perhaps be useful to follow people with early stage dementia for a longer period, to register their needs and desires in the built environment. Ideally people with different backgrounds to create a general reference point what is needed for all.

5. How do you assess the value of the transferability of your project results?

Most of the project results were based on a newly built living environment where there was a certain freedom in implying design features that could improve its dementia friendly nature. However, I did try to stick with realistic and easily accessible interventions to improve feasibility and the transferability of the project. This was done for example with standard dwelling sizes, improvements to the public space, etc. However, in a further research could it be very beneficial if these design guidelines were also tested and modified to be applicable to already existing built environments. Ideally by use of a list which would built up from least drastic and easily changeable to more drastic improvements with a bigger impact.

6. What is the architectural relevance of your graduation work?

There is still a gap for architects and architectural research in general regarding the correct implementation of healing architectural features. Especially now that the shift is initiated from healthcare facilities to providing care at home. Further effort is needed to help one of the most prominent problems due to an ageing society; providing wellbeing and a good living environment for one of the most vulnerable target groups. In specific for people who suffer from early stage dementia, which is an usually forgotten and neglected age- and patient group currently. A group that is often physically and/or mentally too well for a nursing home, but on the other hand not well enough to keep on living in their own homes without receiving additional care and attention. While architecture on itself is not capable of creating solutions to all current healthcare problems. Can it however enable and facilitate a faster transition to an improved situation, thus was this graduation work focused on providing tools to achieve that. However, it is just an initial step. Further research of its implementation, in the existing built environment, and the way architecture can help prevent dementia is still needed for a successful and complete strategy.

7. What would I have done differently if given the opportunity?

I would have changed the general approach for the research a bit for it to also cover the current built environment. A big challenge will appear in the future when not only the newly built environment, but also the current stock has to be adjusted for it to be suitable for people with dementia. In that case would my research have been applicable to the majority of the problem, rather than just a part of it.