

Graduation Plan

Master of Science Architecture, Urbanism & Building Sciences



Graduation Plan: All tracks

Submit your Graduation Plan to the Board of Examiners (Examencommissie-BK@tudelft.nl), Mentors and Delegate of the Board of Examiners one week before P2 at the latest.

The graduation plan consists of at least the following data/segments:

Personal information	
Name	Nikita de Vette
Student number	4857615

Studio		
Name / Theme	Designing for Health & Care, towards a healthy and inclusive living environment	
Main mentor	Elke Miedema	Architecture
Second mentor	Jos Lafeber	Building Technology
Third mentor	Leo van Oorschot	Research
Argumentation of choice of the studio	I am familiar with dementia at a younger age in my personal surrounding and have seen how important suitable care is, if you get lost mentally. My desire is to improve their life and well-being by a specific care environment for them.	

Graduation project	
Title of the graduation project	Another Demansion
Goal	
Location:	Lelystad, Warande (The Netherlands)
The posed problem,	It is known that people with Young Onset Dementia, meaning getting symptoms before your 65 th , have a different clinical picture and are in another, more (societal) active life phase than people with Late Onset Dementia. Although specialised care is scarce, especially when it comes to specific designed environments. Therefore, most families are now providing informal care till late stages, but moving is often inevitable. Eventually, they move to mainstream facilities, where it is difficult for them to fit in and where they and their relatives face unmet needs. This can lead to (worse) neuropsychiatric problems,

	which have a negative influence on their (health related) quality of life.
research questions and	<p>How can a care centre for people with Young Onset Dementia be designed in such a way that it facilitates them, and their relatives, in maintaining their health related quality of life?</p> <ol style="list-style-type: none"> 1) What are the spatial needs of people with Young Onset Dementia? 2) What is the perspective of relatives on the spatial needs in daily life? 3) How do current care centres for people with Young Onset Dementia look? 4) Which design principles are used for people with dementia? 5) How can a healing environment facilitate people with Young Onset Dementia?
design assignment in which these result.	The final outcome of the research are architectural guidelines for an environment for people with Young Onset Dementia. With these guidelines, a care home, which is a long-term care facility where they move to permanently, is designed.

Process

Method description

Literature review – this method is used to learn about the course and symptoms of Young Onset Dementia and the already existing design principles for dementia, healing- and neuroarchitecture, in order to understand what the clinical picture is and how these principles could be applied in favour of the well-being for people with dementia.

Case studies – this method is used to investigate how build care facilities for dementia work architecturally, how it is used and how the design principles could be translated into architecture. Three of the dementia care facilities will be the location where the fieldwork is carried out, to get an understanding how they work and are used in practice.

Observation – this method is used to get to know the people with Young Onset Dementia themselves, in order to understand their clinical picture and their spatial needs. Therefore fieldwork in dementia care facilities is carried out and media is used.

Interview – this method is used to get a more thorough understanding of Young Onset Dementia. Since it is not possible to interview those people themselves, the experiences of relatives and caregivers will be used to get to know people with Young Onset Dementia and the spatial needs of their relatives.

Literature and general practical preference

The Dutch NeedYD study, meaning Needs in Young onset Dementia, is used as framework. The aim of this study is to map the needs and course of neuropsychiatric symptoms, to give the best possible support in their home situation to postpone institutionalisation. 215 people with Young Onset Dementia are followed for 2 years, whereby closed and rating questions are used to collect data. I build further on this study, by filling the gap with a more human-centred approach, focussing on the later stages of the disease and the more practical and spatial needs.

For gaining practical experience, fieldwork is carried out in three care homes for people with dementia.

For the architectural guidelines for dementia, the work of R. Fleming and J. Zeisel, as well as their own work as their literature reviews, is used as a basis framework. They have made 10 principles, out of evidence based design, for designing an environment for people with dementia.

Reflection

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)?

My graduation project is about a design for a care environment for young people with dementia to maintain their health and quality of life, which is direct connected to the two main topics of our studio, health & care (in an living environment). Within the bigger picture of the Architecture track, my project achieves this by developing architectural guidelines for a build living environment, with the focus on spatial qualities of the care home.

2. What is the relevance of your graduation work in the larger social, professional and scientific framework.

There are currently barely specific designed environments and research done for young people with dementia. With this graduation project, I aim to give insight and awareness and above all a better life through a suitable living environment.