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This document reflects on my actions during the 2024-2025 academic year in the studio *Designing for Care in an Inclusive Environment*.

Choice of the studio

My decision to join this studio was based on several reasons. First of all, I work part-time at a nursing home, where I enjoy my job. The building, however, is outdated and this is often a topic of conversation among the residents. They frequently point out its negative aspects, which got me thinking.

In addition, I have personally witnessed the effects of advanced dementia and the various challenges it brings. I've also seen how mentally impactful it is when someone has to move to a closed ward.. This was another motivation for me to choose this studio.

I am aware that such situations are increasingly common, and that dementia in its many forms is a growing societal issue. This issue is only becoming more complex due to the various national developments. Including the financial burden caused by the current organization of care environments.

Research topic

The previous section outlined my motivation for designing for people with dementia, which aligns closely with the studio's core focus: designing care in an inclusive environment. Inclusivity plays a crucial role here, particularly as the current structure of the care system is under pressure. There is a growing shortage of care staff, while the demand for dementia care continues to rise.

Throughout the research process, it became increasingly clear that formal care services will not be able to meet future needs alone. Informal care is expected to become more prominent. As a result, formal dementia care will need to be organized more efficiently, and architecture can play a vital role in supporting this by improving people's well-being.

In addition to enhancing well-being, thoughtful architectural design can also promote independence, which in turn can ease the burden on the healthcare system. The importance of informal care was highlighted several times, including during fieldwork at Boswijk. A team leader there stated that families will need to play a larger role due to staff shortages and rising costs.

This underlines the need to understand cultural dynamics, since caregiving for older relatives is viewed quite differently across cultures. A visit to Liv in Hilversum confirmed this perspective: here, the focus is on building a community where residents take care of one another. As a result, the care demand is 30-40% lower than in comparable facilities operated by Habion. The built environment, when designed well, plays a key role in enabling this community-based approach to care.

Fieldwork reflection

The fieldwork provided valuable practical insights, particularly offering a clear picture of daily life for people with dementia in a 24-hour care setting. This understanding was shaped through the observation of daily activities, spatial use, and especially through conversations with staff, family members and residents.

Looking back, it would have been wise to set more realistic expectations regarding the amount of information to gather. In addition, when engaging with people with dementia, it is important to maintain a very low-threshold, accessible approach.

Reflection on literature research

In addition to the fieldwork, an extensive study was conducted. To structure all the gathered information effectively, the decision was made to work across three spatial scales: context, building, and room level. Furthermore, five main themes were identified to organize the content: personal approach, and autonomy, spaces and layout, orientation and navigation, environment and outdoor spaces, and sensory perception and comfort. This framework resulted in a clear and applicable set of design guidelines for the design phase.

I can look back on this research phase as a very interesting and rewarding experience. The fieldwork, in particular, was new to me, and although it was challenging at times. I learned a lot, looking back, I realize my plans were too ambitious, which meant I wasn't able to speak to many family members. In hindsight, I should have chosen a different strategy to better include that perspective.

As for the literature study, I started by writing everything out in text and only began drawing later. But I now think it would have worked better for me to sketch earlier in the process, sketching helps me think differently and would have given me a clearer overview of the information. Still, I learned a lot throughout this process and found it very meaningful.

P2 presentation

The P2 presentation once again made me realize the complexity of the societal challenges involved in this project. It highlighted the importance of being fully aware of these issues during the design phase.

As a result, I made adjustments to my master plan to improve the natural light access in the apartments, an essential factor for people with dementia, particularly in relation to maintaining a healthy day-night rhythm.

I also reflected deeply on the spatial relationships between buildings on a larger scale, and how a sense community could be arise. In this process, the design guidelines provided valuable direction and support.

Design process between P2 and P3

During the design process. I appreciated the weekly challenges that were introduced, which provided clear focus point to work on. I found it very useful that we continuously shifted between different levels of detail, from the masterplan to typologies and even the layout of a bathroom. This approach was helpful in developing a cohering design that functions well across multiple scales.

P3 presentation

Preparing for the P3 presentation was a valuable experience, as it encourages me to consciously reflect on my design vision and, more specifically, to identify the core focus points of my project.

This focus proved to be essential as I tend to approach design by trying to resolve the entire building at once. The process reminded me of the importance of staying true to the key priorities and not losing sight of the central design intentions.

Design process between P3 and P4

The feedback received during the P3 presentation was clear and constructive. One of the key points was that the sloped roofs should not only be considered from a spatial perspective, but also be meaningfully integrated into the broader architectural concept. Furthermore, the design of the building should actively stimulate social interaction.

Following this feedback, I developed multiple design variants, in which the roof form was adapted to better align with the needs of the target group while offering technical advantages. Looking back, I am satisfied with how the design process evolved. Exploring many iterations led to a noticeable improvement in quality.

One point for improvement would be to make even more use of sketching. Sketching could have increased both the speed and number of design variants, allowing for a broader exploration of ideas.

Ultimately, I believe the project makes a real contribution to current societal challenges. It is grounded in academic research and informed by numerous interviews and conversations, providing a wide range of perspectives. The insights have been translated into an architectural design that responds to the growing pressure on formal care in the Netherlands.

As the number of people living with dementia is expected to rise significantly in the coming years, it is crucial to start the way we design environments for elderly and dementia care.