

Introduction

For my graduation at the faculty of Architecture of the Technical University of Delft, I am designing an healthcare environment. More specifically, a living-care complex for elderly that suffer from dementia. A user centred research is used to legitimate my design proposal.

The relation between research and design

The findings of this research focuses on the organisational aspects of environments. Although there are a lot preferences that help to feel an elder suffering from dementia more comfortable on climate-level, my research emphasises how the set-up of a building can make one feel at home.

When the sequences of spaces is similar to the sequences of a normal home, while approaching a living room, it contributes to well-being of the elderly suffering from dementia. In the old traditional elderly housing communal areas tented to fail their function as living rooms, hallways are long and monotonous and outdoor space along with the entry towards these spaces are rare. The different gradients in spaces will avoid confusion of dementia sufferers. This helps to find one's own place within a environment.

Furthermore, the environment that has a small scale and works like a household will also function as a one, creating possibilities for dementia sufferers to contribute to this and gain responsibility and develop more self-confidence. This confidence helps the elderly to feel less confused when difficult moments occur.

In addition, as result of the inability to function properly at everyday situations the world of dementia sufferers is becoming smaller with time; it is important that they still experience a sense of control over their own lives. When they still have a world where they can move freely, it already contributes to the experience of freedom and not feeling locked up. Also, a sense of control can be provided by a wide range of alternatives concerning from as small as different seatings in common areas to various activities that can be held at the account of the dementia sufferers but also includes third parties.

Lastly, by including facilities serving the neighbourhood social integration is encouraged. Associations and communities originating for the nearby neighbourhood will bring different kinds of people into a building and this provides the opportunity for the elderly suffering from dementia to stay in touch with the outside world. It also works the other way around; everyday people will be more familiar with dementia and thereby more support and maybe even awareness will be created for this fragile group. Safety, security and protection within a neighbourhood do not have to go hand in hand with exclusion of society.

All the above stated aspects are embedded in my design. The residents live in a small scale group (up to ten residents per group) in a *care-home*. Each care-home has it own facilities in order to function as a household. Multiple seating area's provide a range of alternatives to stay within the care-home. Besides the freedom that the residents have within their home, the residents also have acces to a collective wintergarden and roofgarden. On the first two levels of the complex one finds a healthcare centre with facilities that the residents share with the surrounding neighbourhood. Also, a gymnastic hall serves the surrounding neighbourhood. The liveliness that comes with the users of these facilities contributes to a vibrant indoor environment.

Reflection - *Living with dementia*
The Architecture of the Interior - Care for Cure

Stuhlmacher, Ir. M.E., Schreurs, Ir.drs. E.P.N., Fokkinga, ir. J.D.

The relation between the theme of the graduation lab and subject

The theme of the graduation lab is healthcare. The assignment lies within the design of a healthcare environment where the user-group is the leading aspect. The designing of a healthcare environment with the focus on the needs and requirements by its specific user-group. It starts with accommodating the user-group and ends with adding value to the experience of living for this certain group.

Interesting is the fact where the building should not only fulfil the needs of the specific user-group, but should also function with other user-groups. This seems almost paradoxically. The building has to be designed in a way where it is not 'just' an elderly home. In the end, it has to be a properly designed building, unregarded its present or future user-groups.

A secondary theme is the densification of the site. The chosen program of an elderly-home is normally placed within a sub-urban setting. The subject is placed in a location that requires an answer to its urban context.

The relationship between the methodical line of approach of the graduation studio and the method chosen

A user centred research will be legitimating my design proposal. This social research consists of out of interviews and observations. This relation is rather evident. One cannot simply interview a dementia sufferer or visit an elderly-home in order to retrieve useful information. By interviewing the staff and elderly with a mild form of dementia, an insight can be given to what these dementia sufferers experience everyday.

By looking to existing elderly-homes, we can determine which used elements are effective and which elements should be avoided within the actual design.

The relationship between the project and the wider social context

Currently, elderly that cannot stay at home by themselves anymore are placed in a home for elderly. Up to the present day these homes are generally traditional nursing homes. These environments have an defined structure and this the reason of their institutionalised appearance. This structure is supposed to be efficient, by means of a centralised set-up and a straightforward organisation. Because of the high amount of patients, the use of double-loaded corridors is inevitable. The human action and the human conduct are provided by only the necessary requirements that result in a on-personal atmosphere. Also the sequence of spaces is not comparable with the sequence of experience of a home; Communal areas tend to fail their function as living rooms, hallways are long and monotonous and outdoor space along with the entry towards these spaces are rare.

Furthermore, residents of such an elderly home are often isolated from society. Especially elderly that are suffering from dementia. Although an elderly home is often located in a neighbourhood and surrounded by different types of building, dwelling and commercial buildings, it is not a part of the daily life of its surroundings. This can be remedied by emphasising the importance of social integration.