

De Reigershoeve

Fieldwork Booklet

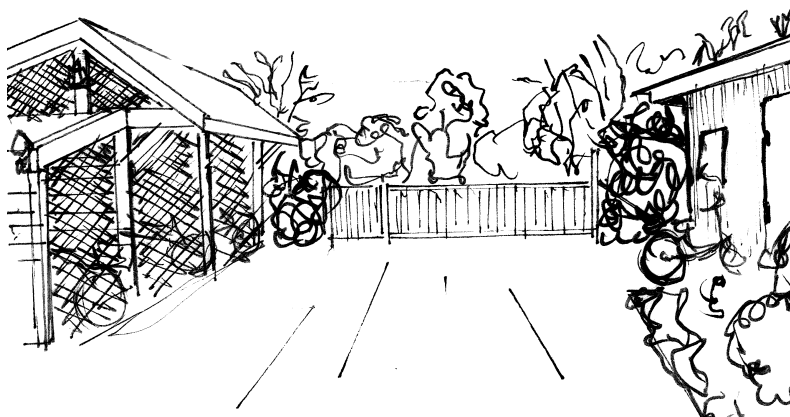
Jelte Savonije
11 nov - 13 nov

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View on the Reigershoeve from the road



Gate of the Reigershoeve

Introduction:

During the fieldwork week I stayed for three days at the Reigershoeve. The Reigershoeve is a care farm for people with dementia and is located at the boarder of Heemskerk. There are 27 people living at the Reigershoeve. Residents have their own bedroom and bathroom but share a large living room and kitchen with six or five other residents. The Reigershoeve aims to keep the autonomy feeling of its residents. Residents can choose what they want to do or don't want to do, when they want to go out of bed and what they want to eat. Professional caregivers support residents and try to motivate them in joining activities or help them with engaging in conversations. The care farm offers a large outside space with a vegetable garden, animals and lots of seating opportunities. The café can be used for residents to meet with relatives, a workplace for workshops and a guest house for temporary stays or visits.

During the day there are always two trained caregivers present, sometimes supported by a volunteer. At night there is someone walking rounds through the whole complex. Although care is provided 24 hours a day the amount of care each resident needs depends on someone's physical or mental status.

During my stay I talked with residents and interviewed visiting relatives. I kept notes of people their daily activities and observed people their habits and thought of how this could be translated to special support.



Backside of the Reigershoeve

Observations:

morning | afternoon

F: Is sitting in her wheelchair, sometimes awake sometimes sleeping. She plays with her fingers. Looks outside.
She is not able to talk anymore but does hum along with music.

L: Likes to sit at the round table or in the chair next to the window. Likes to read the newspaper. She is often quiet but sometimes talks a lot.
Hums along with music. Doesn't go outside

W^m: Unless he has an appointment he stays in his room for most of the day.

A^v: Sometimes goes back to her room. Laughs often and much. She sometimes mentions that she is going 'home' or want to go 'home'.
Likes to sit outside in the sun.

R: Likes to do tasks. He cleaned the entire corridor with a broom. Likes to walk around. Has a lot of energy. Is not able to join conversations anymore but mumbles words and sometimes speaks some words clearly. Makes jokes.
He is less active in the afternoon, looks a bit tired and maybe even sad. Almost seems like he feels misunderstood

W^v: Sits at the diner table for the entire morning. Reads the newspaper. Likes to talk to the caregivers.

A^m: Is sitting in his wheelchair in the livingroom, sometimes awake sometimes sleeping. He is not able to talk anymore.. Moves with his hands and plays with a toy.
He sometimes knocks on the table as communication.

Architectural Translation:

morning | afternoon

Having a view on outside space or nature. With several stimuli to look at.

Different seating opportunities. Preferable next to the window, natural lighting.

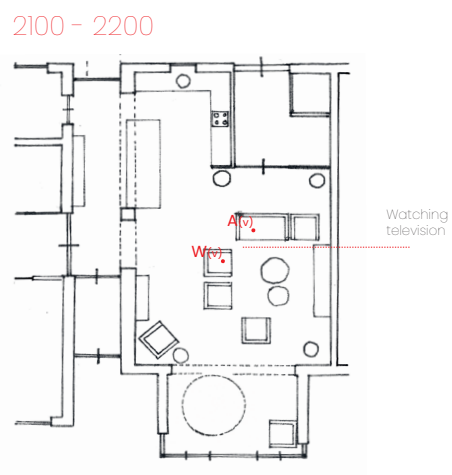
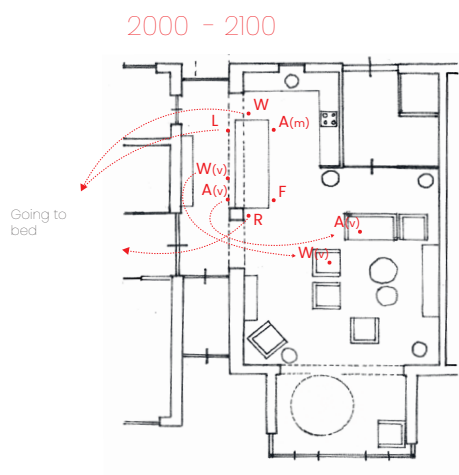
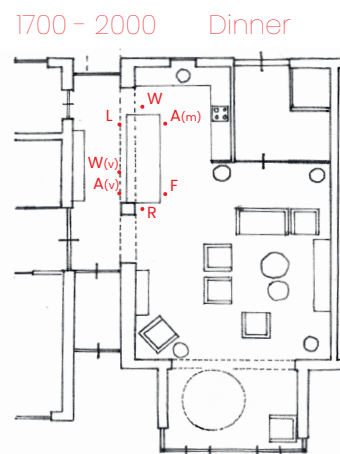
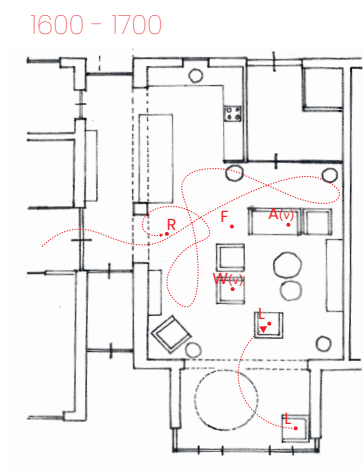
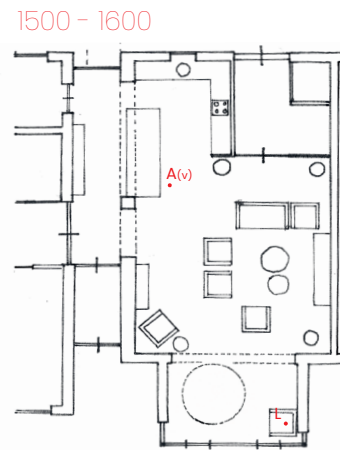
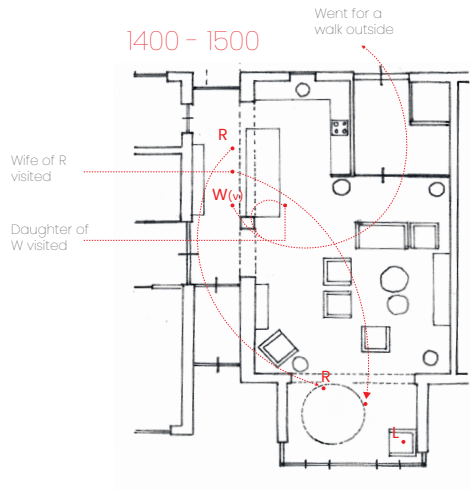
A private place that feels like home and which can be decorated by residents or relatives,

Qualitative outside space with opportunities to sit in the sun.

Space for people to wonder and have enough stimuli. This can both be inside and outside. Different spaces for different moods. A private place people can use to withdraw when they feel like to.

A living room that feels like home and invites people to go out of their rooms. An open kitchen so caregivers can cook and have conversations with residents at the same time.

Mapping 11 - 11 - 24





Homelike corridor

Conversations with A^v:

A: Often talks about her husband who died in an accident with his motorcycle. She really loved her husband, and it seems like the memory of him is one thing she will never forget. During the day she repeats the same stories about him: "I had the best one that there ever was" and "the prettiest flowers get picked first". There is a memorial bench for him in the forest next to their old house. She says she goes there every day to pick up rubbish. She misses him: "I'm happy I believe in heaven; we will see each other again." In conversations she often says the same things about her memory. About her trip to the USA, she said: "you forget a lot of course, but not everything." And when W. asked if she enjoyed painting, she couldn't remember they just finished painting: "it's getting easier to forget." She really loves sitting outside in the sun. She often says: "my name is van Zon so I like sunbathing." In the morning, she comes in the living room and says: "you guys won" meaning we were first at the living room, "there is nothing I can do about that". She often laughs. When she leaves the table or is done with something she just did she often says: "okey I will go home now" with home she means her old home. Caregivers reply kindly with that they counted on her joining dinner so she can stay if she wants. And almost never say that she lives at the Reigershoeve.

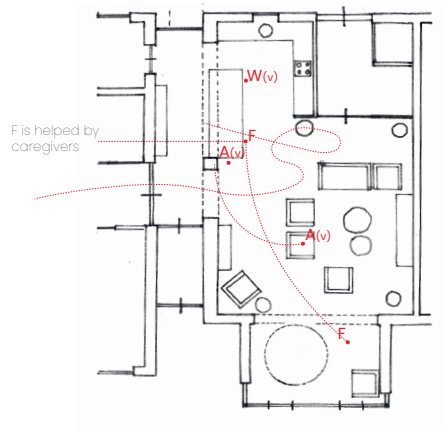
Conversations with relatives of A^v

A friend of A. visited and told me a bit about her situation living at home. Since her husband died, she lived alone at their large family home. At one point she took no initiative in doing tasks anymore and therefor got help by a household service and food was delivered by the Tafeltje Dekje organisation. She kept going to the church until she was not able anymore. Despite she sometimes fell she always wanted to sleep upstairs.

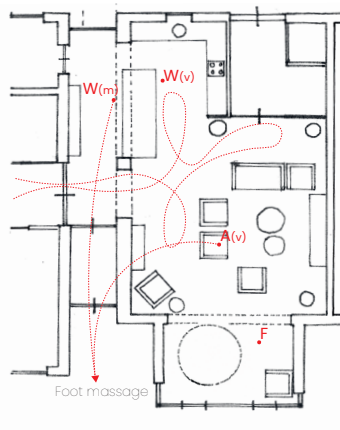
Also the son of A. came for a visit. He told me that because he is single, he felt less of a burden providing care for his mother. His sister helps with caring, but he thinks its less hard for him. He felt more burden when her mother was living at her old place, a decreased burden because of the Reigershoeve. He mentioned that it was more about the level of independence of his mother than the house that was not functioning. He mentioned the stairs as a risky element but also said that the dwelling was suitable. It had more to do with his mother forgetting things and a decreasing movability.

Mapping 12 - 11 - 24

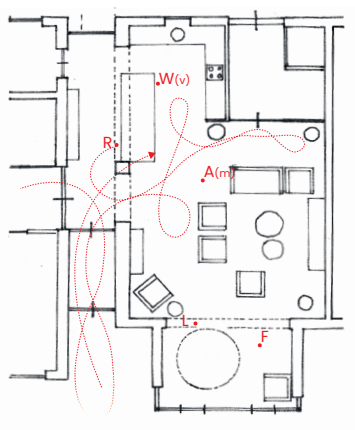
0900 - 1000 Breakfast



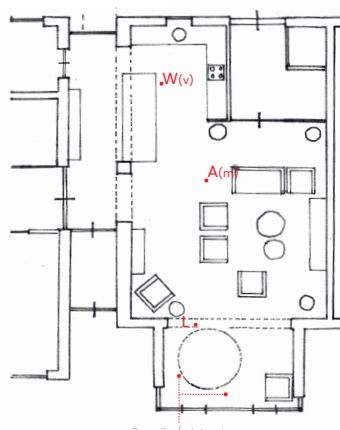
1000 - 1100



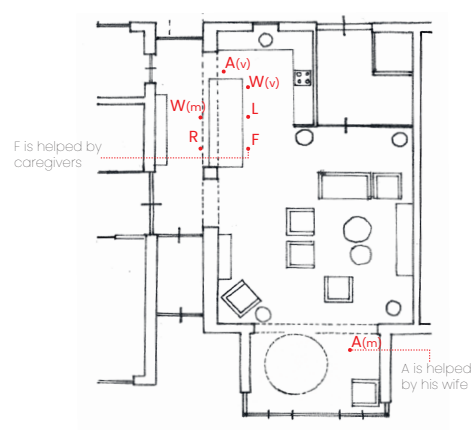
1100 - 1200



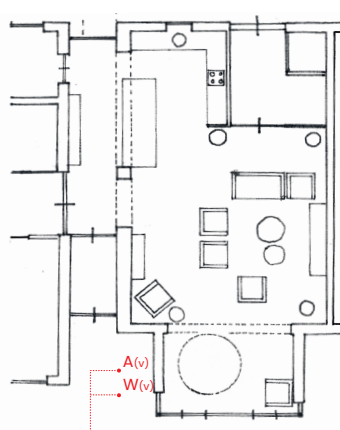
1200 - 1300



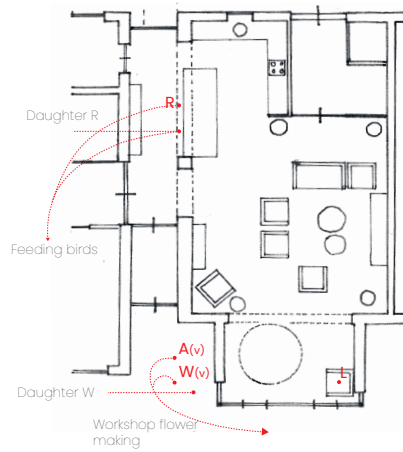
1300 - 1400 Lunchtime



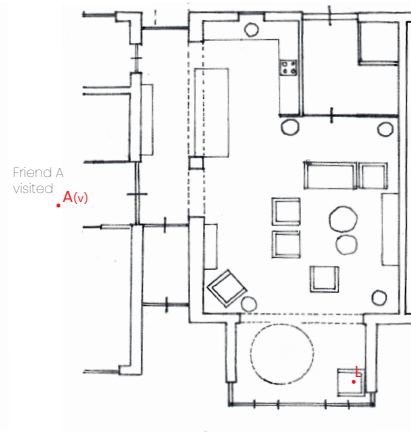
1400 - 1500



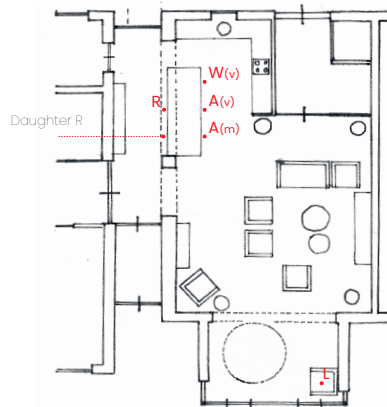
1500 - 1600



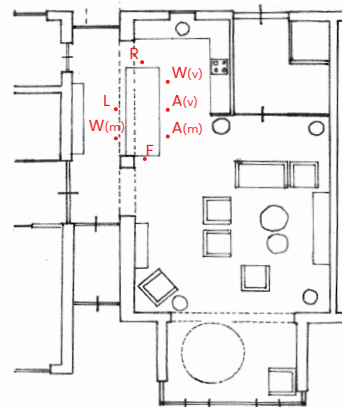
1600 - 1700



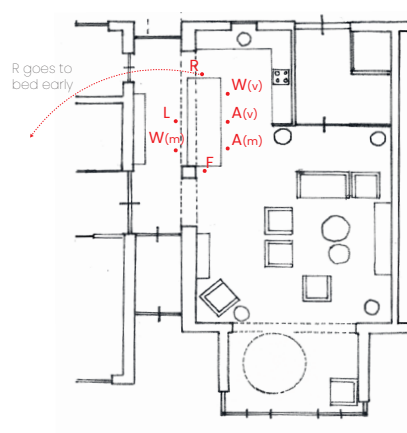
1700 - 1800 Singing



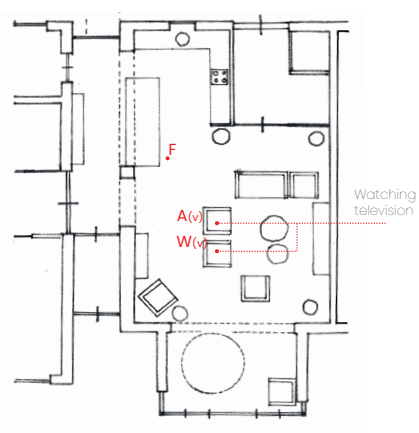
1800 - 1900 Dinner



1900 - 2000



2000 - 2100 Bedtime



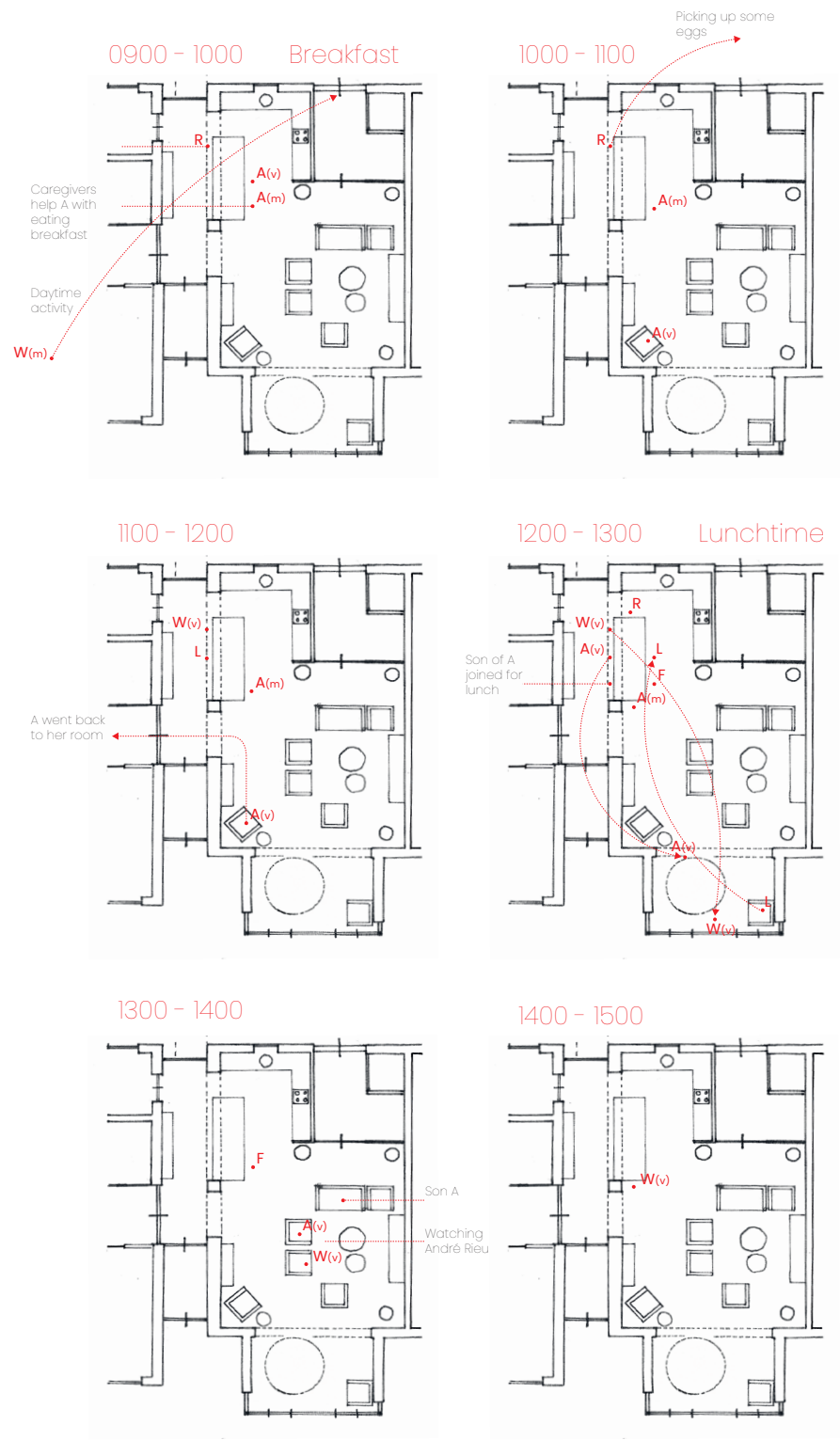
Conversations with W:

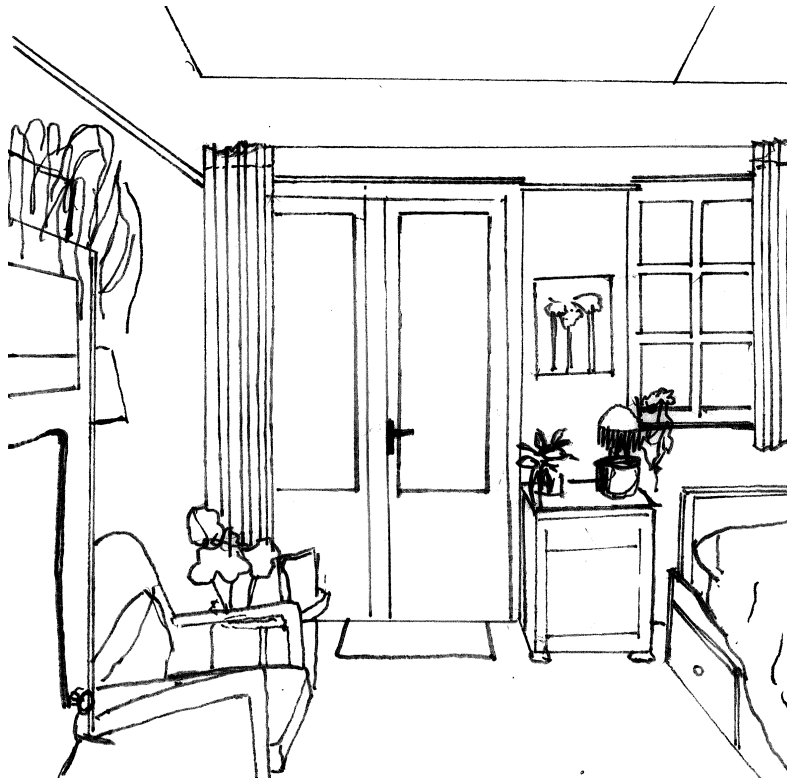
W: moved to the Reigershoeve one week ago. She lived a few years at another care home in before she moved to the Reigershoeve. She is very thankful and modest. At her old place she didn't really like the food: "we always had soup...". She likes to talk with people and makes funny faces when one of the other residents struggles with something. She is really keen on her family visiting her and struggles when people have to leave. It is visible she doesn't like it when people come for short periods. In conversations with her family, she asks short questions: "do you need to work tomorrow?" and "are you hear by foot?" W. is starting to get friends with A., they are neighbours and W. likes to do things together. When A. her glasses were dirty W. said: I think you must be secure when it comes to your eyes, you have frosted glass. W. likes her room; her daughter and granddaughter decorated it. She often asks questions again as she forgets they have been answered already: "what are we going to eat?"

Conversations with relatives of W^v:

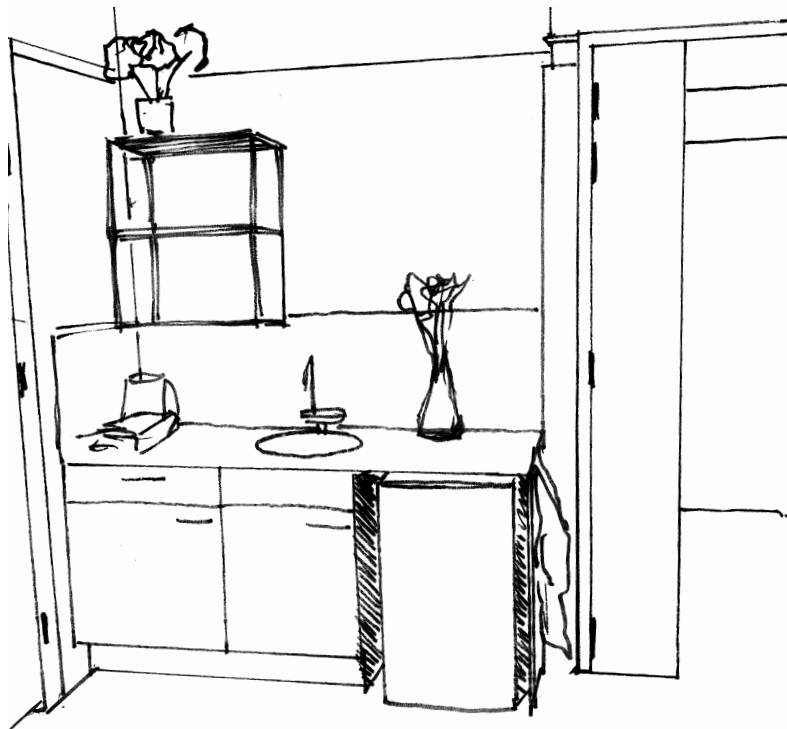
The daughter of W. visited on the first day of my stay. In a short conversation we talked about the situation of W. living at home independently. W. received household help with the daily tasks. She was and still is mobile enough to do her own physical care. But there was a lack of initiative. She waited on the couch for things to happen. After she had a stroke, she got hospitalized in a traditional care home. This was quite early in the dementia disease progression, which means she didn't live at home for a long time with the disease. W her daughter mentioned a few possible adaptations to an existing house such as railings in the bathroom, a one floor apartment or apartments that could be adapted over time.

Mapping 13 - 11 - 2024





Private room of W^o



Private room of W^o

Conversation with the wife of R:

The wife of R. was visiting R. at the moment I arrived at the Reigershoeve. I spoke to her on the phone a few days later. She and R. lived at an apartment on the first floor. She had to care for her husband, and did not really have her own life anymore. She had to keep him busy all the time. He was very restless and although he lives at the Reigershoeve now she still has to keep him busy. R. wanted to go for walks all the time. Even when it was late at night. He was too afraid to go on his own, so she did not really need to keep an eye on him. The house they lived in was good to provide the care that was needed. R. is still very bright but has difficulties with speaking and struggles with making himself understandable. This is frustrating. She visits him twice a week, which is a long trip by bus and a one hour walk because she cannot walk fast anymore.

Conversation with the wife of A^m:

The daughter of W. visited on the first day of my stay. In a short conversation we talked about the situation of W. living at home independently. W. received household help with the daily tasks. She was and still is mobile enough to do her own physical care. But there was a lack of initiative. She waited on the couch for things to happen. After she had a stroke, she got hospitalized in a traditional care home. This was quite early in the dementia disease progression, which means she didn't live at home for a long time with the disease. With her daughter mentioned a few possible adaptations to an existing house such as railings in the bathroom, a one floor apartment or apartments that could be adapted over time.

Conclusion:

The observation exercise shows the architectural translation of what people do during the day. The mapping exercise shows how the living room is used during the day. People are free to wander and go outside. Some people prefer to be in their room and others spend more time in the living room. The living room should be large enough for family to visit. As both entrances are connected to the living room it is really easy to see when someone enters or leave the space. The space is used differently by each user. Every element of the living room is used. Some like to sit next to the window to see what happens outside. Others sit on different seatings during the day. People have many seating opportunities which make them able to be in situations they want to be.

Next to the practical outcome of this fieldwork it was also really useful for my personal development. In within my social circle are no people with dementia. Staying for three days at the Reigershoeve really showed to me how difficult the disease can be. I saw people their pain and struggles, and it was really difficult to see how some people relive the same day over and over again. And how others only could sit in a chair the whole day. At the same time, it was really beautiful. People sang together and laughed. Caregivers were super kind and had so much attention for the residents and people enjoyed being there. The thing I liked the most about my stay was that it really connected me with the assignment. It showed me for who I am designing for. People liked to hear my design plans and really saw potential in it. And although it is only a graduation project and realisation is a whole different story it motivates me to do something that maybe one day might help these people.

