

# Reflection Jelte Savonije

This paper is a reflection of the dwelling graduation studio: Designing for care in an inclusive environment.

For me this process started during a conversation I had about choosing between public buildings and the designing for care in an inclusive environment graduation studio. I spoke about that I wanted my graduation project to have a meaning and making an impact. The idea of designing an inclusive building that can truly impact appealed to me.

The topic of dementia came from how shocked I was by number of people who have to deal with the disease and problems it might bring with the increasing amount of people who will have dementia in the future. The topic really stuck to me when I started reading and learned about the pain and grief people experience.

I really enjoyed the studio. I like it how the research plays a large role in the studio. Because of the research I really feel like my design is based on knowledge and not just on assumptions.

I struggled a bit with the tutoring sessions during the research phase as the design phase. During the research phase I somehow took a wrong turn and only had a small focus on architectural outcomes and focused more on feelings and experiences of people with dementia and their caregivers. I think this had something to do with clearly communicating my plans and ideas and the struggle I have with coming with a good methodological approach. I think this maybe lead to a miscommunication.

Because at the time of the P2 the teachers expressed their doubts, which came partly as a surprise. Because of the doubts I felt somehow a bit less certain about the drawings I weekly produced. Resulting in sessions I couldn't fully tell what I had worked on. It took me some weeks to realise that the sessions are the moments to ask for assistance. And less about showing what I had drawn this week and tutors telling if they like it or not. I also learned that giving a short recap of my vision and intentions helps with explaining the drawings.

Big changes because of the feedback I got are that I adapted my design to a design where people with dementia do not have to move between houses but can stay in the same dwelling. Furthermore, I started to realise that living communally also meant that you need people who do not have dementia or other high care needs. Those people still want community but are also able to organise activities and keep an eye out.

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

Within the graduation studio Designing for care in an inclusive environment my personal graduation topic is about alternative ways of living for people with dementia. This topic is strongly connected with the architecture track which is about the build environment, its special qualities and effects. People with dementia experience the environment in different ways. This means designing for people with dementia must be done from a different perspective. For us a space can be pleasant and calm but for someone with dementia it can be experienced stressful or with not enough impulses. During my design process I have tried to look through these

different lenses and find reasoning in design solutions from a dementia perspective. Which leads to improvement of the quality of life of people with dementia.

The project is also related to the context of the master programme. The master programme addresses and searches for solutions of societal issues through spatial interventions. My graduation topic is strongly connected to aging problems and the increase of people with dementia. My project works within these issues through research and design to create a more inclusive living environment.

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

The research ends with a list of design guidelines. The guidelines are the foundation of the design. Some guidelines are considered more important than others. Extra research after the P2 showed became an important part of the design. The research showed explained how to create a communal building for both people with dementia as for people without dementia.

Something I struggled with during the design process is that my design guidelines are all very much about conceptualizing the design. And less about raw data and measurements. The guidelines create an idea of how things are supposed to be but don't give clear borders. This made it hard sometimes to have justification from the research for some parts during the design. For example when making decisions about the use of materials, use of colour and designing the outside space I often had to rethink and do extra research.

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

The methodology I used was mainly researching what was written about dementia and the architectural field and experiencing how people feel and live their lives through fieldwork and interviews. There is already a lot written about designing for dementia. Information which is useful for my design but did not add something new. I used the interviews and fieldwork to get a feeling on what informal caregivers of people with dementia needed.

I think my approach partly worked. I think my sub questions are answered, however sometimes briefly, and I really got an idea of a possible concept and a feeling what people with dementia and their informal caregivers experience. But since this is an architectural study, I think my approach partly failed as well. I only visited one location during the fieldwork week and really focused on its architectural solutions. Instead, I should have had done multiple case studies to broaden my view on how to design for dementia. I think this mistake came from the fact that I really wanted to understand people with dementia and their caregivers. I focused more on what they had to say and their experiences and less about the architectural solutions.

This was a large part of the feedback that was given at the P2 presentation. I think this has been an important part of this graduation process. I started to look into different projects, went to the Liv In in Hilversum and had a conversation with Peter Boerenfijn, director of Habion, a large housing organization for the elderly in the Netherlands. From this extra research I gained more design guidelines, something I felt short on in the weeks before the P2.

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

Both the academic and societal value of this project come from the research gap it tries to work with. It contributes to the existing research that is done on designing for dementia and gives an alternative solution. Both stats and figures as my personal research show how the current possibilities of housing for people with dementia are not suitable anymore. This project can be seen as an answer to the need of alternative housing.

Ethically, the project emphasises designing with respect for its users. It supports independence and a safe but non-restrictive. People have the possibility to keep staying part of society.

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

This project is transferable. Although the project is located in the Tarwewijk in Rotterdam, the core ideas of creating a communal building with shared spaces and different housing typologies can be implemented in different regions. As said, the design guidelines can be seen as a conceptual base of the project. This conceptual framework offers a flexible foundation for future designs. Factors such as local culture, climate and building regulations must be considered to ensure the design remains effective.

6. How has your understanding of the role of an architect evolved throughout the graduation process?

I have always seen the role as an architect as translating someone their needs to a spatial design. However, graduation studio and the entire process has deepened this view, making it more inclusive. I learned to investigate and design from a different perspective especially those of vulnerable user groups such as people with dementia. It is striking how a one-year project can change how you look at things.

For example, I now notice how new buildings are still not accessible for people in wheelchairs. During my research I came across an elderly building where the bathroom walls were too thin to instal stability grips. It is interesting how designers design from their perspective and forget the needs of target groups. These experiences have made me more aware of the responsibility architects have to design with inclusivity and long-term usability in mind.

7. What did you learn about designing for uncertainty and changing user needs over time?

Designing for uncertainty became a central part of the project. Dementia is a changing and unpredictable condition, meaning that people their needs change over time and each individual reacts differently to the disease. There is even a possibility that dementia is cured within the next decade. These factors forced me to think differently about flexibility.

In response, I designed floorplans with open layout supported by a column structure. There are different housing typologies and individual dwellings can be adapted to someone their personal needs and some dwellings can be expended or be made smaller.

The uncertainties taught me to value adaptable designs, which is something I can see myself do more often in the future. I now see flexibility as a way to create architecture that can remain functional over time.