1. Introduction

For the last year I have been working on the design for a living environment for elderly, embedded in a new urban block. The design location is situated in the Rubroek district in Rotterdam, at the crossing of Boezemsingel and Crooswijksezingel. The block already contained an existing school from 1908 and a strip of row house from 1912. My design focused not only on the dementia center itself, but also on nursing homes, apartment buildings and additional facilities; eventually they create a city within the city.

The main focus of the project is to show possibilities for a living environment in which the dementia patient can still lead his/her life as freely as possible, without feeling trapped. The experience of the interior and its relation to the exterior therefore plays an essential role.
2. The relationship between research and design

During the project, research and design progressed simultaneously. Within the studio a wide range of themes have been researched, which fed the design process.

There has been on-going study on dementia since the beginning. It is fundamental with such delicate target group to understand their behaviours and their needs. But it was also important for me to remember that, even if they suffer from very similar conditions, they all are different from each other: they are people, before being patients. This basic notion has influenced the design deeply, as I tried to conceive a place that could satisfy the largest number of individuals and situations possible.

Another research was carried on the Hofje typology. Several examples of traditional and modern courtyard typologies were visited and analyzed by the whole group, giving us insight in the way these typologies could be used or reinterpreted in the dementia care centre. Hofjes strong point is their capacity to blend the ambiguity between public and private by being part of the city and private oasis at the same time. They provide with a strong collective and protected feeling caused by the enclosure so the people living around it feel part of a group and are facilitated to stay socially connected.

An additional seminar, led by anthropologist Leeke Reinders, gave us the possibilities to investigate people's behaviour. I choose to focus my research on the small urban space of the Rubroek neighbourhood, to see how the people would use them. As a conclusion I have found out that Rubroek surely suffers from a poor urban situation; not for a shortage of public spaces, which are indeed present in large number, but for a lack of design. Public spaces have specific needs, if we want them to work as real social spaces. To design a city of buildings, not caring enough about the open spaces that connect them to each other, it is about as wrong as it can be done. To create an open green space is not enough. It is therefore necessary to reassess the importance of the design of these spaces, which if wisely implemented, add precious spaces of collectivity to the neighborhood, where people are free to enjoy a closer contact with the city as well. Eventually I applied these findings to my urban design as well, trying to create pleasant and active routings and spaces, gardens, squares and streets that work synergistically to implement the city and the personal experience.

3. The relationship between the theme of the graduation lab and the subject /case study chosen by the student within this framework (location/object)

The theme of the graduation lab is “The Healthy Environment”, and the aim of the studio is to design a non-hospitalized building which integrates one or several courtyards with the idea of a nature as an element of well-being.
For me this was as an opportunity to design a living environment as much domestic and as less institution as possible. Through the graduation there was a case studies that helped me achieving that: the Orphanage by Aldo van Eyck. He wrote “a house must be like a small city if it's to be a real house, a city like a large house if it’s to be a real city” in an essay published in 1962 titled ‘Steps Toward a Configurative Discipline.’ Inspired by him, my designs are those of both a home for the elderly, as well as the plan of a small village.

Nursing homes are often very isolated from the city context as if we want to somehow hide them, contributing to their institutional image. I chose a location which is central and challenging. The new block had to be carefully embedded within a very fragile urban fabric, to eventually work as a landmark and as a regenerative strategy. During the design process the connections with the surroundings have been made with public functions, such as the community center and the medical centre, as well as by placing additional housing, that can be used as serviceflats but also function without the care facility. This established a ring around the care centre, creating a natural border with the health environment inside and the public life outside. It is not a hard border though, but a quite porous one, where exchanges are possible and fostered by the connections established.

The theme of Hofjes and thus of courtyards and outdoor spaces came back during the design process. These gardens become the backbone of the project, creating a module around which the resident’s rooms are organized. They are not just green spaces but real outdoor interiors as in the Hofjes example.

4. The relationship between the methodical line of approach of the graduation lab and the method chosen by the student in this framework

The Architecture of Interior focuses on the overlapping of multiple scales and on the user’s perspective. The inside-outside relationship is also important and focusing on this aspect from the beginning on a small scale makes it possible to make decisions on bigger scales.

As initial exercise we were asked to study and develop a MSc4 student’s project in a 1:20 model fragment. Dealing with such big scale since the beginning helped me to become aware of the challenges of such projects. To study the urban context we produced a series of 1:500 models of the area and we approached the design by testing volumes on the model. As we proceeded further in the design we were asked to produce a variety of models to test volumes, facades, interiors on different scales. My design benefitted by working with multiple scales and models at the same time, as I gained a much deeper understanding of the spaces I was building.
5. The relationship between the project and the wider social context

The health care is an import issue these days. Population is growing older and more and more people have dementia. Researches show that in 2050 1 out of 5 people will develop dementia. Thus it is crucial to start thinking of buildings that can deal with the ethical issues concerning people with dementia.

A dementia centre is not a temporary place, like any hospital. It is the patient's new home. People live and spend their free time there, they work with doctors and therapists, they meet their families and friends. They have a daily routine just as we all do, but with one significant difference: everything happens in one place. Therefore we can not allow this place to be treated as any aseptic and depressing hospital. How can architecture contribute to patients' daily life? It is essential to develop new architectural ideas that allow people with dementia to live their life as normal as possible. To be protected not excluded, to be cared not cured, to have privacy not isolation, to have choice, to have freedom, to have dignity, to be normal.

Since the dementia patients are so restricted, because the care centre becomes their home, the aim of the project is to design a multifunctional, diversified building, almost like a small town with streets, plazas, gardens, public facilities, and residential quarters where people can take different paths to move from A to B. Quoting again Aldo van Eyck, “a house must be like a small city if it's to be a real house, a city like a large house if it's to be a real city”.