REPORT 1

Confinement and Embracement:
The possibilities and limitations of social relations in
Dementia nursing homes

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1. Introduction

Dementia is a broad category of brain diseases that cause long term loss of the ability to think and reason clearly and will affect a person's daily functioning.¹

Dementia becomes more common with age. While only 3% of people between the ages of 65–74 have dementia, 47% of people over the age of 85 have some form of dementia.² With the aging process of world population, dementia has become a social problem, involving health and welfare policies, medical treatment, healthcare facilities, and community participations.

The patient profile outlined a fictional figure, a 71-year old citizen of Amsterdam. He was suspected and confirmed with Alzheimer in 2011. He had a wife, a daughter and a son, who were very much concerned and suffered from his disease. Currently, his partner lives with the family of his elder daughter in Amsterdam, as his son works and lives in Asia. The family decided to move him to the nursing home in Amsterdam Noord, and came to see him each week.

Considering the patient profile, the author comes up with the research question:

How could a dementia nursing home involve social interaction, for the sake of the well-being of the patients as well as their family?

The research question is related to the irreplaceable role that family members, friends and community could play in the well-being of the patients. It also concerns the nature of confinement in a nursing home, which is the limit of preserving and building social interrelation with the outside world. To unfold the research question, the author will study the following aspects:

¹ Solomon and Budson 2011
² Solomon and Budson 2011
1. Principle of nursing home, and its pros and cons

2. Social relations in the well-being of Dementia patients

3. Possibilities and limitations of social interaction in Dementia nursing homes

4. New models of Dementia care

2. pros and cons of the nursing home

Dementia is a slowly progressive process. Instead of medical treatment, care is the main focus for dementia patients. The options for caring are mainly home care and nursing home care. There is a range of different care types between home care and nursing home, according to the evolvement of family-community participation and the dependent on professional care institutes.

It is ideal for the patients with dementia to stay in their own home, taken care of by family members. The living environment remains familiar, and the relation with the family and community is preserved. At the same time, family care is a heavy burden for the relatives of the patients, both physical and mental. Full time care is not possible for many families, while the absence of the care giver will bring unexpected risks. Moreover, the progressive damage to the mind brings pessimistic moods to the entire family.

The nursing home, as an alternative care option, is an enclosed environment created for inhabiting dementia patients. It is considered a safe and healthy, with healthy environment and professional nursing, an ideal Paradise for "happy" or "normal" life. However, because of the confinement of the patients, there are constant doubts on its isolation from the normal society.
In concern of this, many studies on the life quality in a nursing home are carried out. Among all these evaluation systems, social interaction is always an important issue in the well-being of patients.

3. Social relations and the well-being of dementia patients

Various studies are focused on the life quality in a nursing home. Prior to this, it is important to establish an objective evaluation system for quality of life (QOL). Alzheimer’s Disease Related Quality of Life (ADRQL) is a widely used measure, containing 5 domains:

1. Social interaction
2. Awareness of self
3. Enjoyment of activities
4. Feelings and mood
5. Response to surrounding

The evaluation of social interaction stands on the first place in the measurement system. It is also related to other measures, reflecting the well-being status of the patients. Moreover, it is common sense that positive communication activates the brain as it stimulates its all parts, and thus slows down the progressive process of dementia.

In the hand book Dementia Care Practice: Recommendations for Assisted Living Residences and Nursing Homes published by Alzheimer’s Association, social engagement is considered as an important principle. Meaningful activities help residents maintain their functional abilities and can enhance quality of life. Specifically, it provides a context for personal meaning, a sense of community, choice and fun.

However, as the handbook suggested, the social engagement mostly refers to the self-sufficient “society” among patients and especially with
the help of caregivers. Caregivers are expected to design activities to get the patients involved, to form a positive interaction.

Except for the social engagement happening inside the walls, the possibility of introducing outside society is also practiced in some cases. New models of nursing home are developed involving public programs, open to local communities. The question is, how far we can go with the idea of an open nursing home?

4. Possibilities and limitations of social interaction

With the changing idea of mental disability, some dementia nursing homes explored the open model, creating an environment as “normal” and as “open” as possible, getting social interactions involved.

The Hogeweg Nursing home is a dementia care complex for 152 patients. It has many remarkable features that make it well published. First of all, it broke down the previous nursing home, which was a high-rise slab, and created a village instead. Second, the Hogeweg creates open space of streets, squares, and gardens. Third, one of the fundamental principles of the nursing home is neighborhood integration, which means the space and facilities within the nursing home is also open to the local community. The Hogeweg indicates a promising tendency towards an open organized model.

Neighborhood Integration is one of the principles of De Hogeweyk. It is open to anyone, not just residents and their families. Anyone can come in and have dinner in the restaurant or go to a concert in the theater. There is evidence that the local community participate in these activities because of the numerous amenities available at De Hogeweyk, and many consider it a treat to visit relatives at De Hogeweyk and accompany them to the pub, the restaurant, or the theater. Nevertheless, Vivium Hogeweyk’s desire is to increase participation, and the organization continues its efforts to attract people from the outside community to volunteer as well as use the available amenities. 8

Anderzhon, Hughes, Judd, Kiyota, and Wijntjes 2012
However, the manager of the Hogeweg also emphasizes that it is closed-door community, in order to allow the patients to walk around safe and free. It is also disturbed by the problems of security that all nursing homes have by locking patients in.

5. Conclusion

Social interaction is a problematic issue in dementia nursing homes. In ideal conditions, positive social interaction between the nursing home and the community contributes to a healing environment. It helps releasing stress, activating minds, and easing the feeling of isolation. At the same time, there are certain limits in social relations because of practical and ideological reasons.

With the new ideas of involving social interaction, a primary principle of a dementia nursing home becomes the balance between confinement and openness. New program combination, building typology, and organizational models will be developed to create a healing social environment.
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REPORT 2

Pros and cons of site “Kamperfoelieweg” and the perspective of the future users

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1. Introduction

The previous report discussed the possibility and limitation for social interaction in the dementia nursing home. A healthy social environment, above all, is considered as a positive aspect for a nursing home. It is also closely related to the physical and social context of the site.

Thus, the choice of site becomes a prior issue for the well-being of the dementia patients in a nursing home. In this report, the author will analyze the site and its context, in relation to the specific requirement for a healing environment, especially for the benefits of social interaction.

2. The site “Kamperfoelieweg” and its surroundings

The site “Kamperfoelieweg” (Site D) is at the west side of Amsterdam Noord. [1] It is a distinct place where areas of different characters meet, and is strongly characterized by the church within the site.

2.1 Urban History

According to the Planning of Amsterdam Noord in the early 20th century, residential neighborhoods were constructed along the river, detached from each other by green areas. [2.1] In the 1930s, the first phase of residential development was constructed, considered as the “old core” of Amsterdam Noord. [2.2]

Obviously, the plot of “Kamperfoelieweg” was the “corner stone” of the urban area, defining the boundary of the built area in Amsterdam Noord of the time.

In the later plan of Amsterdam Noord, the urban expansion was not extending around the old core. In the urban plan made in 1953, a semi-circular canal was to be built. New development was expected to start along the canal, towards the 1930s area. Although the semi-circular cannel was not built, the high way surrounding the city followed this structure, and new neighborhoods were built along it, extending towards the old core.  

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1 Jolles, Klusman, and Teunisser 2003
1
Location in Amsterdam Noord
Source: Google Maps

2.1
City Plan Amsterdam1935
Source: Stadsplan Amsterdam

2.2
Amsterdam Noord Canal
Source: Stadsplan Amsterdam
Thus, the area between the pre-war and post-war constructions became an undefined, left-over space. The following development along this belt is rather random, becoming a massy collection of different typologies.

2.2 Urban Fabric

As is indicated in the urban history, the site “Kamperfoelieweg” stands at the meeting point of old and new urban development. [3] In the current situation, the site is even the intersection of 3 different urban fabrics:

1, Prewar residential blocks

The prewar area is filled with typical residential blocks of the time. Each block is long and narrow, consists of two paralleling lines of houses, with backyards in middle of it. The fabric is rather dense, with clear geometric orientations.

2, Postwar residential clusters

The north part of the city is a collection of experimental postwar constructions, with different building types. The typology of urban block has dissolved, and the buildings are positioned with more distance from one another.
3, Industrial and Commercial buildings

This area consists of sub-urban shopping malls, huge building volume surrounded by large parking and green areas.

The difference of these 3 areas above is beyond figure-ground composition, but a reflection of different organization of public space, street interface, and building types. A clear urban position is required for the site of “Kamperfoelieweg” which stands at the intersection of the city.

2.3 Public Green

The green areas nearby are not integrated into a public green system, but rather a series of negative left-overs. They are cut off by motorways. Vegetation has become a solution to fill the undefined space. Unlike the Florapark, which becomes a public green that accommodates activities, the green area along the site is rather and fragmented and isolated.

3. Site Conditions

Having studied the broad context, the author will zoom in and look at the site and its immediate surroundings. [4]
3.1 Accessibility

The site is along the road Kamperfoelieweg, which is part of the primary network. It provides convenient connections to the ferry port and other neighborhoods in Amsterdam Noord.

3.2 Existing Buildings

In and around the plot there are a group of buildings other than dwelling: a church, a school, and a restaurant in the site; a party center and an office building on the north; a children’s farm on the south. [5] The functions of the buildings suggest the presents of the site in urban structure.

Among the existing buildings, the church is no doubt a particular factor in the site. It was built in 1934, and is still used by the local community. The relation with the church is an important issue in the site.

The school was built in 1934. The south part of the building is now used still as a school, with a playground in the middle. And the north part of the building is empty now.

The restaurant is a one story building constructed in 1953. Compared with the other two buildings, the restaurant is less likely to be preserved.
3.3 Feeling of Place

The site is distinct for a sense of place. Within the generic built environment of standardized infrastructure and landscape, the site which has the church, school, and trees creates a particular place in the suburban environment.

However, sided by two major roads, the site feels rather vague. The unbuilt areas are parking plots, without any facility allowing people to stay. The definition of a place is still weak, and could be strengthened by new construction and enclosure.

4. Advantages for a dementia nursing home

As is analyzed above, the site has some crucial characteristics that indicate the potential of a nursing home project.

4.1 Distinct location

The presence of the site in urban structure was rather strong in all periods. It was designed as a “corner stone” that stand at the top end of a block, outlining the territory of the 1930s. Nowadays, it becomes an intersection of different urban areas, the point where three different functions and typologies meet.

Thus, the nursing home project can benefit from the distinct position it takes. The presence in urban structure provides the potential of showing its image, rendering itself as natural meet point in the city. Introducing social interrelation is possible based on its location.

The site and its immediate surrounding accommodate a large collection of programs: a church, a school, a restaurant in the site, and a part center, an office building on the other side. The complexity indicates its dynamic position in public life.

4.2 Church and its community
The church is a special element in the site. Like many churches in Amsterdam Noord, it is considered as a center point for a neighborhood. To many people of our time, the church is more about community rather than religion. From its very origin, church is a place of spiritual well-being, and is linked to the tradition of healthcare it provided.

Nowadays, church is still playing a significant role in the unification of a neighborhood, organization of volunteers, and communication of a local network. The website and the posted timetable of the church list the activities it is organizing. By integrating the church, the nursing home can benefit from the participation of volunteers, and the regular meeting of the community, which might improve the social interrelation of the nursing home.

4.3 Place and Memory

Patients with dementia are suffering from the loss of memory. The disorder in cognition also brought difficulty in generating new memories. Objects from the past become precious for them, as anchors of their memory.

The site has a group of old buildings dating back to the 1930s, which are well preserved with their original appearance. Trees are at least as old, like a small forest covering the site. Unlike a nursing home built from the ground, which has to fake everything as a staged theme park, the site has a certain material unity from the past. Not only time recorded in every brick, but also the built environment as a whole, recalling memory from the past.

With the declined capacity of cognition, the patients have to increasingly rely on all basic senses such as smell, hear, and touch to feel the world around them. Their sense for a place and its atmosphere become crucial to their physical and mental wellbeing.

Compared with the nursing homes built from bare land, in which a lot of effort is spent on putting up wallpaper-like sceneries representing and simulating the world they are familiar with, the givens of the site makes a
much more real environment. Not only people who lived nearby, but also people lived elsewhere can feel the more about the past they had than in a brand new care building.

5. Disadvantages for a dementia nursing home

For a nursing home, the site also has some disadvantages. These factors need to be considered and integrated in the new project. Some of them might limit the scale and capacity of the healthcare project, others might be solved by confronting in the design process.

5.1 Limited open space

In general, the site and its immediate surrounding are in a lack of open space. This will limit the capacity of the nursing home, and making future expansion a problem.

The site is rather small and narrow, pre-divided by existing buildings. The new buildings must be carefully plugged in to avoid fragmentation of the plot. The open space in the site should also be reorganized, neither too narrow nor too exposed, which all post challenges to the design.

The unbuilt area in the immediate surroundings of the site is not recognized as a positive open space, but left-overs filled with vegetation. There is not much space to be used for outdoor activities, so that the orientation of the project should be inwards and closed.

5.2 Noise problems

The site is close to the primary road, which becomes a source of noise. The high speed cars might also become a frightening element for the patients. The motorway is also making an unstable situation in the site rather than a place to stay.

Sound and visual impact from the surrounding motorways is a distrusting factor on the site, calling for a building typology that shelters its interior while allowing some kind of insolation with its surroundings.
5.3 Preservation of trees

The wood in the site is also a problematic issue. Although it provides a sheltered place from the motorway, and shapes the character of the site, it also brings challenges to the new project. With the construction of new volumes, the random trees in the site are unavoidably under threat. It is not possible to preserve all trees in the composition of the new complex. Besides, the trees put the entire site under their shadows, blocking sunlight as an important element in a healthy environment.

Trees will have to be carefully positioned, evaluated, and considered in the design, making a complex situation for the composition of buildings. However, the incidentals in the site will also allow a building to fit and anchored in the place.

6. Conclusion

The site “Kamperfoelieweg” has certain advantages to become a nursing home for dementia patients. Its sense of place, memory from the past, and social network make the site unique, and specifically fit its program.
Although the capacity would be limited due to the square meters of buildable area, it is promising to become a community based local institute for dementia care.

The project will also have positive effects on the urban situation. The built form of the site is rather “weak”, incapable of defining a positive space in the complex urban context. By constructing around the church and school, the perception of a place will be enhanced, defining a clear position in the urban structure.

The complex collaborating church, public gathering, voluntary works, and healthcare will not only provide an ideal social environment for the project, but also create an opportunity in the reformation of sub-urban community.

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REPORT 3

Encounter

Potential Models of Social Integration in

Dementia Care

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1. Introduction

The patient profile outlined a fictional figure, a 71-year old citizen of Amsterdam. He was suspected and confirmed with Alzheimer in 2011. He had a wife, a daughter and a son, who were very much concerned and suffered from his disease. The family decided to move him to the nursing home in Amsterdam Noord, and came to see him each week.

The situation in the patient profile is a rather typical case, in which the patient was delivered to the nursing home, separated from his family and community. The loss of social contact becomes a common problem in dementia nursing homes, which cases loneliness and anxiety for the dementia patients.

Numerous researches have shown the relevance between the well-being of dementia patient and social interaction. Thus, the author would study a relatively open caring model, its potential and limitation. Research question is as follows:

What would be the potential dementia care model involving social integration, based on the current situation of care facility and the society?

The motivation of the research is the potential and challenges in social integration in a nursing home of dementia.

On one hand, the emerging open facilities and care programs indicates a promising tendency towards an open model of dementia care. On the other hand, there are challenges for the open model, from the current organization of care facility, as well as from the society, the perception of the public.

As the research aims at the relation between the gated community and the outside world, both insight of the nursing home and an outsider’s perspective should be involved.
The diagram above shows the structure of the report and the research method used:

The first part is a systematic study of an open-model practice, the Hogeweyk Nursing Home and the Herbergier Delft Centrum. The author will look into its intention through interview and analysis, and the actual effects by observation.

The second part is about the notion of the public, the willingness and concerns they have in encountering with gated dementia community. An online questionnaire was posted towards the social contact the author have in the Netherlands, reflecting an attitude of society towards dementia nursing homes at large.

The third part is case study of the other care programs. The cases are mostly unconventional practices, like open-gated care facilities and un-institutional care programs.

The intention of the research is not to reverse the closed institutional care, but rather to propose a model that balances security and openness, which involves spatial organization and social programs.
2. **Defining Social Integration**

The term social integration is rather problematic in the case of nursing home. On one hand, the patients are “protected” from the environment they are used to, and isolated in the nursing homes. On the other hand, it takes much effort to bridge the gated community and the society, which goes all the way against the principles that a nursing home is based on. The contradicting situation that nursing home faced put the closed-door institute itself under questioned.

One must think it is ideal for the patients with dementia to stay at their own home, taken care by family members. The living environment remains familiar, and the relation with the family and community is preserved. At the same time, family care is a heavy burden for the relatives of the patients, both physical and mental. Full time care is not possible for many families, while the absence of the care giver will bring unexpected risks. Moreover, the progressive damage to the mind brings pessimistic moods to the entire family.⁴

Nursing home, as an alternative care option, is an enclosed environment created for inhabiting dementia patients. It is considered safe and healthy, with secured living condition and professional nursing, an ideal Paradise for “happy” or “normal” life. However, because of its confinement to the patients, there are constant doubts on whether the patients with dementia are over protected, isolated on a miserable land.

Nursing home for dementia meets the increasing requirements for security of individuals, and liberates the families of the patients from physical and emotional burden of caring. It is still a valid care model for dementia patients as well as for the society. In this essay the author would define the term of social integration specifically focused on the social interaction of a collective care institute. The intention is to improve current situation rather than proposing idealistic schemes.

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⁴ Hawkins 2014
3. Observation: Nursing homes of “open” model

As is stated above, the increasing demands for safety leads to a closed model of nursing home. However, there are remarkable practices recent years trying to challenge the over-protection policy. Among them are the Hogeweyk Nursing Home and the Herbergier Delft. The former has public programs integrated within its open space, a self-contained community, while the latter is an open-door institute with smaller scale.

The study of the two cases will discuss the ideas of their organization, the intention of design, and the condition and utility after a period of use. Interview, plan study and observations will be involved in the study to give an overview of the “open model” practice.

3.1 The Hogeweyk Nursing Home

The Hogeweyk Nursing home is a dementia care complex for 152 patients. It has many remarkable features that make it well published. First of all, it broke down the previous nursing home, which was a high-rise slab, and created a village instead. Second, the Hogeweyk creates open space of streets, squares, and gardens. [1] Third, one of the fundamental principles of the nursing home is neighborhood integration, which means the space and facilities within the nursing home is also open to the local community. The Hogeweyk indicates a promising tendency towards an open organized model.
Neighborhood Integration is one of the principles of De Hogeweyk. It is open to anyone, not just residents and their families. Anyone can come in and have dinner in the restaurant or go to a concert in the theater. There is evidence that the local community participate in these activities because of the numerous amenities available at De Hogeweyk, and many consider it a treat to visit relatives at De Hogeweyk and accompany them to the pub, the restaurant, or the theater. Nevertheless, Vivium Hogeweyk’s desire is to increase participation, and the organization continues its efforts to attract people from the outside community to volunteer as well as use the available amenities. ²

3.1.1 Interviews

Interview 1: Yvonne van Amerongen, Manager of Hogeweyk

In the interview, Yvonne van Amerongen explained the vision and principles of the Hogeweyk. At the start of the conversation, she stressed on the need of meeting people for the well-being of dementia patients:

1

Ground floor plan Hogeweg:
Public space and entrance illustrated
Source: http://www.mbvda.nl/

2

Anderzhon, Judd, Kiyota, and Wijntjes 2012

2012
What we want to offer people with advanced dementia is normal life, normal life means living at home, but also a normal social life. That’s what people need, as we are social animal. We need to meet other people, do things with other people. We know about dementia science has shown that meeting other people is the most important thing for your brain, as all parts of brain connects when meeting other people. It is important for the dementia.

According to Yvonne, meeting other people is not limited to the communication within the nursing home, among patients and staffs, but also about meeting people from the outside society. To invite people in is an important principle of this project:

What we need is that the society comes in, and we invite them to come in. If we have a concert here, it’s in the paper investment. And we know a lot of people come to our restaurant because it is a restaurant.

However, the principle of openness is contradicting with the fact that the nursing home is a closed door community. For Yvonne, the door is essential in keeping the Hogeweyk safe, so residents can live freely inside without the help of caretakers.

The fact is that there is only one exit, and the whole Hogeweyk is safe for people—that means a lot of people can walk on themselves can do that all day long, safely, they don't need us. We all look after them when they walk around, and if they don't need us, they are on their own, and there is nobody running after them.

Interview 2: Michael Bol, architect

In the interview with the architect, Michael Bol, he showed different ambition for the nursing home. From a different perspective, he found it could be better if the gated community was more open to the public.
We expect social integration with the surrounding neighborhood. The Hogeweyk could be more open to the public. For instance there is a restaurant next to the entrance. But you can only access the restaurant from the Hogeweyk. So why can’t we make another entrance on the side of the society, the normal society? So people can use the restaurant, and they can meet each other. You can also do that for the supermarket, for shopping mall, for the theater, or for the doctor and physician. There are all public functions, you can use to open the Hogeweyk.

3.1.2 Observation

Observation in Hogeweyk has to obey certain rules, for instance, approaching the living area and having direct contact with the dementia patients are strictly forbidden. However, it is still quite valid seeing how the open model works, or does not work in some cases.

a. Gate

The gate is a double automatic door controlled by the reception, allowing people in and out. Seen from the outside, the entrance is not so present in the long facade. However, view from the inside the gate is rather obvious, shutting off the main “street” in the village. The residents are rather aware of the gate, as there are often people walking around the gate and the lobby.

b. Restaurant

Although close to the entrance, the restaurant is only accessible through the reception, questioned and permitted, making it less welcoming for the outside community. From our observation the customers of the restaurant are mainly the patients and their families. It is seen as part of the facility in the nursing home rather than a normal restaurant open to both inside and outside community.

c. Residents
Although not allowed to talk to the residents, we are encountered with a lady who talked to us. She was basically happy with the life in De Hogeweyk, and told us her family will come to take her home next Tuesday. She followed us and kept talking, until some care volunteers distracted her with something else. This is the only dialogue we had occasionally in the nursing home.

### 3.2 De Herbergier Delft

De Herbergier Delft centrum is a much smaller nursing home, with around 12 residents. It is an open-door nursing home, allowing all residents to walk in and out freely, which is rarely seen in other care facilities.\(^3\)

Unlike the Hogeweyk, which is big enough to become a self-sufficient community, the Herbergier is a single building with minimum users. The manager explained that the open door would help to release stress caused by the awareness of being locked in. Otherwise, the rooms and corridors will be the only place they can walk around.

The risk of such open organization is considered acceptable. Although the door is unlocked, and there is no fence around the building, the
patients are not likely to walk away in most cases. If they do, the neighbors would bring them back when they are seen far away from the nursing home. The manager told it worked quite well in most of the time, and the only occasion that happened in recent years was a patient got lost and the nursing home found him back with the help of local police.

During the observation by the door, the author saw people walked in and out freely, and most of them stayed by the building, and walked no further. Unlike other nursing homes that residents tried to break out, the open door nursing home released the stress and temptation to run away.4

The open door nursing home of Herbergier is practical under certain conditions. The first issue is scale, as it is much easier to keep tracking 12 residents within a small neighborhood. Second is the surrounding of the nursing home. [2] The neighborhood it is located in is a dense residential area, semi-surrounded by the cannel. The local community is aware of the dementia patients, and quite occasionally brings them back when they are away from the nursing home. Third, the nursing home is more like a care hotel, who does not take full responsibility of the patients. There is no complete protection for the patients, while certain risks are acceptable.

Comparing the two nursing homes above, the author come to the conclusion that the “open” model has certain limitations in practice, which is much more than opening the door and invite in the outsiders. A careful evaluation of scale, authority, and risks is needed in different cases in order to balance the need for openness and safety.
4. Perception of the Public

To get into the situation of encountering, the author found it more applicable to take an outside perspective as entry point. The willingness and concerns of the public are crucial aspects in making the encountering occasion happen.

A survey was designed in such principles. The layout of questions was arranged in a way that the respondents would get into the situation, by being asked and indicated the occasions facing a dementia patient. They would be imagining how they would think and respond. The questions were also interrelated, allowing post-processing of the data.

The online survey ⁵ was delivered towards a target group aging between 20 and 29, current residents in the Netherlands. At the moment the author received around 110 effective questionnaires.

Q1: Do you know someone with dementia?

![Bar chart showing responses to Q1: 50% said Yes, 40% said No, and 10% said Not sure.]

This question is positioned at first place to distinguish people who might see or know about dementia patients from people who might not. As a result, more than half of the people replied that they knew someone with dementia.

Q2: Where is more natural for you to encounter with a dementia patient?

https://www.surveymonkey.com/
This multiple choice question leads the respondents into the situation of encountering, imagining meeting a dementia person under different occasions. The answers are helpful in designing the place of encountering in terms of program and atmosphere.

Nearly 60 percent of respondents answered “in a volunteer program”, which is not specific in place. Around a half answered “garden/park”, and one-fourth chose “community square”, both intending for open spaces. 14 percent answered “church”, and after comes “cafe/restaurant” and “market”. Besides, there are also people writing in “other”, listing family and nursing home.

Q3: How will you react if a dementia patient talked to you?
The question is to test the willingness of the public into a dialogue with dementia people. The range of choices is from positive to negative, that is, from “answer and start a conversation” to “frightened and run away”. The result is rather optimistic. If one consider “answer and start a conversation” and “answer briefly” as positive, than there are more than 85 percent of the respondents tend to give a positive reply.

Q4: What would be your concerns if you have hesitated encountering dementia people?
This question is related to the previous, listing a series of concerns that one might have when facing a dementia patient. As complement to the one before, this question kept people aware of the risks and limitations. The result shows the major concern is getting the patients hurt, anxious, or aggressive by improper words and acts. Nearly one fourth of the respondents are also aware of the protection from the institute and family, that not allowing them to get in contact with the patients.

Q5: Would you be interested in a volunteer work to stay an hour with dementia people?
The last question is to test an overall attitude of involving in the care program, trying to bridge the gated community and the society. Being aware of the risks and burdens, half of the respondents chose a relatively neutral attitude “acceptable”. Adding the 30 percent answering “interested”, more than 80 percent replied positively about the volunteer program.

In general, the result of the survey is quite positive. On one hand, there is no obvious aversion from the public to dementia community. It is possible to think of an in-between zone with certain programs rather than a gate that separate the dementia community with the
local community. On the other hand, as there are certain concerns from the public, space alone cannot bridge the gap between the inner and outer world. Institutional organization with professional staffs involved is expected in the integration process.

5. Case Study: Open practice of care programs

The survey above indicates the role of social organizations could play in dementia caring. Besides the conventional institutions, there are also other kinds of care programs going on, showing the possibilities of social integration under the help of communities, volunteer programs, church organizations, or educational programs.

Referring to the 2nd Report, in which the author analyzed the “givens” of the site, the case study of social program will be highly relevant. In the Floraweg site there are a church and a kindergarten, both have the potential of holding the community and hosting voluntary programs.

5.1 Dementia Friendly Church and its community

There has been a long tradition of Hofje by the church in the Netherlands, which serves for the collective dwellings housing the elderly. Thus, Church is profoundly linked to the idea of caring and mental well-being. Nowadays, although the church’s presence in social life has fade out in some sense, it still plays its role in community and voluntary organizations.

In recent years, there is a new concept “Dementia Friendly Church”, not only applying adjustments in praying process to support people with dementia, but also build up connection among individuals from the gated dementia community and the local community. Firm steps have been taken in many churches in Europe.

A rather successful case is the collaboration between Bolton Dementia Support group and the Trinity Methodist Church in Tonge Fold, England. As one of the earliest Dementia Friendly Churches,
Trinity Methodist Church not only opened its door to people with dementia, but also played an important role in hosting activities intending for caring. For instance, the church host public lectures on dementia care, as well as training and practicing for volunteers. This year they would continue their event ensuring “no-body is lonely this Christmas”. It is intending for the elderly people with dementia, in whatever case, get alone during Christmas. The program is usually with local residents or even entire families involved.

The case above shows several aspects that the church provides in dementia care. The first thing must be the social resources of a church, as it unifies the Christian community, and for a long tradition involved in welfare and caring. The second thing is the position in everyday life of the citizens. The service of a church means regular gathering of the community along with certain events. At last, the halls of a church provide room for hosting activities and events, as most communities hardly have such common space.

5.2 Education program of intergenerational school

The elderly people with dementia are often compared to children in terms of mood and behavior. Is it applicable to have those “aged children” along with children? It has been a fancied idea for years. The Intergenerational School (TIS) program in a dementia care home in the United States is a recent practice of such idea.7

The Vicarage by the Sea is a dementia care home in Harpswell, among a forest by the sea. The idea of this nursing home is to get attached to nature. The Vicarage was highly successful in providing a pleasant natural environment, but the location also makes it isolated to the society.

The Intergenerational School is organized under this situation. The goal of education is to “create an educational community of excellence where learners from kindergarten through elder hood develop the skills and experiences necessary for lifelong learning and spirited citizenship.” 8 The curriculum is developmentally based in cognitive challenges. Children work and learn with people with

7 Whitehouse, George, Wigg, and Joseph 2012: 61
8 Whitehouse, George, Wigg, and Joseph 2012: 61
dementia who come to the school to read to children, and allow youngsters to visit them in their long-term care communities. Since 2000, TIS has become a school with 224 inter-city students in multi-age classrooms. The students would learn in their own needs, and move along five metal development stages. They will advance to the next learning stage when demonstrated mastery of the stage benchmarks.  

The children and the elderly with dementia will experience and learn something together, which is fascinating to both age groups – nature. The nursing home takes advantage of the natural environment around, and organizes their programs in the parklands and watersheds. The program is with the ultimate goal of “nurturing a sense of place, fostering a deeper understanding of systems based thinking in nature, and building reverence for the natural world”.  

Through this program, a long-term interaction between different communities in built up. The appealing content of study and the constant participation of education institutes as well as volunteers are the key factors that make the intergenerational program a success.

8 Whitehouse, George, Wigg, and Joseph 2012: 63

9 Whitehouse, George, Wigg, and Joseph 2012: 65
6. Conclusion

The study covers different perspectives of the issue of social integration in a dementia nursing home, including the need of patients and their families, the organization of care facilities, and the perception of the public. Their concerns need to be balanced in the design and operation of a nursing home.

To create an occasion for encountering, efforts should be made on different levels. The fundamental issue is the enclosure, sequence, and hierarchy of the space orientation. It is closed to the residents but without stressful locked-in feeling. An in-between area open to both inside and outside society with certain programs creates occasion of the encounter between the dementia community and the society. More importantly, activities and programs need to be organized involving care institutes, local communities, and volunteers, as social integration is not likely to happen spontaneously.

Social integration of a dementia nursing home is a systematic project. The social context should be taken into consideration. Instead of creating a gated community with staged environment, a dementia nursing home should be an integrated part of the society. The current practice of nursing home shows a promising tendency towards a connected community, and we need to rebalance the needs of protection and communication, and develop new care models beyond gated villages.
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P4 Reflection

1. The relationship between research and design

The design is based on research prior to and along with the design process. The research deals with the relation between the well-being of dementia patients and the built environment, as well as social environment. It takes social integration as the key issue of the discussion, exploring the possibility of social integration in a care facility, in order to reduce social isolation and benefit from the interaction with the community.

The design process is not a direct translation of the research, or a problem-solving approach. It formulates the ideas of care with certain rules and structures. With the process of design, new issues keep arising on different levels of the project, for instance, the typology of a care institute, the relation between individual living space and collective space, and the ideal size of a care unit. Thus, research follows the design process and supports decisions on different levels.

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

The theme of the lab is “healthy environment”, dealing with healthcare architecture in an urban context. From my point of view, a “healthy environment” includes built environment and social environment, suggesting a particular range of locations and objects.

An ideal location for a care institute is a balance of nature and community. It is neither a densely constructed city center, nor a site in wild nature. A nice combination is found in Amsterdam Noord, a neighborhood built in the 1930s. With the idea of Garden City, the neighborhood is planned with green area, public facilities, and low-rise housing orientated around them. The characteristic morphology of the neighborhood reflects a strong belief in community. Additionally, the neighborhood of Amsterdam Noord is in demand of care facilities, with the aging process of the population. Thus, a care facility will be well situated and integrated in the context, and create a “healthy environment”.

The author chooses a nursing home for dementia as object of research and design. On one hand, the aging population results in an increasing rate of dementia, which becomes a public health and social problem. On the other hand, there are promising progresses in the exploration of new care models as well as building types. A dementia nursing home has particular requirements, but above all is the common human needs. With this program the author worked on the theme of “healthy environment” in general and in particular.
3. The relationship between the methodical line of approach of the graduation lab and the method chosen by the student in this framework

The methodical line of the graduation lab, one could say, is an analogical approach. At the beginning of the project we tested different typologies in the sites we each chose, namely courtyard, palace, and village. The choice of typology formulates the basic formal structure of the plan, analogous to long lasting tradition of the same typology. The analogical method also applies in the representation of care architecture. It is a matter of how it is perceived, as housing or institute, or even both. Obviously, this methodical line is not to invent something based on behavior research, but to work with existing typologies, elements, and meanings.

The method that the author used is within such framework. It is the question “what is it” that the author asked himself from time to time, referring to the world of meaning. However, formal stimulation is rejected, which only result in superficial effects. The author tried to work with its structure, the inherent relation between people and place. The project reflects the long lasting tradition of “Hofje”, an inner courtyard typology in the Netherlands, which is often used as welfare collective housing.

4. The relationship between the project and the wider social context

The project is closely related to the social context in the Netherlands, as since 2015, the central government will not afford the spending on care facilities. Instead, it will be financial supported by each city. This will put an end to the previous centralized, large scale care facilities, depending on the welfare system and public spending. The new care model will be small scaled, non-institutional, and integrated with the community. This is the social context for the entire graduation lab.

In particular, the nursing home that the author designed was considered as part of the city, for providing public facilities and introducing social participation. It works with existing programs in and around the site: a church and a kindergarten, which bring in the local community. The nursing home will find support on social life and volunteer activities. On one hand, it breaks the barrier between the nursing home and the outside world, shifting the perception of the society towards a care facility. On the other hand, an integrated care model reduces labor and financial burdens. Thus, it works with the new situation that local government and community takes over the caring responsibility.