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Graduation Reflection Report

MSc Architecture, TU Delft 23/24

Personal paths, Societal steps

alternative housing solution for indiviuals with YOD

As a student of Veldacademie (architecture track), I conducted research on the topic of Young Onset Dementia. Veldacademie focuses on fieldwork and through personal contact with residents of Rotterdam, I discovered that the city is indeed resilient due to its diverse communities. The built environment should facilitate this resilience by providing structures that support these communities in expressing themselves while also considering the needs of future generations. I believe architects can create awareness and propose solutions. To me, being an architect involves seeking out those in need and determining how design can better include them in the built environment. The role of a moral architect is to act on the responsibility to design spaces that ethically and equitably cater to the needs of all users, taking into consideration social justice, sustainability, and the well-being of both the community and the individual users. In this case, my graduation project focuses on individuals with Young Onset Dementia and their caregivers.

The research significantly influenced my design process by providing numerous findings that directly informed my design strategies. My research involved both fieldwork and literature study, allowing me to uncover insights backed by existing research. It was surprising to learn that researchers recognize the gap in knowledge as a hindrance when addressing the needs of people with YOD. Understanding the experience of people with YOD, as well as those of their caregivers, is crucial for effectively meeting their needs. Despite this knowledge gap, I believe it is essential for architects, urbanists, and policymakers to persist in addressing these challenges.

As I am not an individual with YOD, I can only observe and read the challenges they face and assume that there must be better alternatives for our built environment. My role, through research and design, is not to presume that I hold all the answers, but rather to engage in continuous learning and research. The recognition that our current understanding of YOD is incomplete offers comfort, as it means that my work represents just the initial steps towards a hopefully more informed and effective solutions in the future.

My approach is rooted in a human-centered research and design process, which places significant value on lived experience and empathy. By incorporating fieldwork and personal interactions with residents, my methodology allowed for a nuanced understanding of the specific needs and challenges faced by this demographic. The interdisciplinary nature of my research methodology—blending architecture with insights from healthcare and social sciences—provides an interesting perspective that kept me inspired.

The academic value of my graduation project lies in its contribution to the relatively under-explored field of young

onset dementia within the context of architecture. It provides insights that may inform future research and influence design standards for inclusive living environments. Societally, this project underlines the importance of creating spaces that improve quality of life for individuals with young onset dementia, facilitating their independence and integration into the community to promote social inclusion. Ethically, the project confronts significant issues such as autonomy, dignity, and accessibility while also addressing the challenges of designing with empathy for a nuanced condition like dementia. Finally, by advocating for built environments that consider the needs of marginalized groups, this project strives to support a more just society.

My project focuses on addressing the needs of individuals with YOD by proposing a design that is specifically tailored to their unique challenges and requirements. However, the underlying approach of human-centered design and empathetic engagement is widely applicable, as it promotes designs that improve quality of life and accessibility for diverse demographics and conditions. The principles and insights from this project, such as fostering community integration, can be extended to broader architectural contexts. This underlying message could serve as a “template” for creating inclusive environments.

Personal reflection questions:

What ethical considerations emerged in the process of researching and designing for individuals with young onset dementia, and how did these considerations influence the decisions made in my project?

Considering the ethical implications of judging and interpreting YOD's lives from a biased viewpoint raises important questions. While design guidelines may provide theoretical assistance, designing for this group requires acknowledging imperfection and avoiding reflection of a narrow worldview, which could be considered inherently unethical. Similarly, discussing these individuals as groups might overlook the significance of treating each person as an individual with their own unique needs and desires.

In the process of researching and designing for individuals with YOD, I had to rely primarily on second-hand information due to the communication challenges. This raised critical ethical considerations regarding the accuracy and representation of their experiences and needs. I was aware that my sources—caregivers, healthcare workers, policymakers, existing studies, and literature—although valuable, might have unintentionally filtered or biased the information.

While utilizing secondary sources was also **an ethical choice to avoid imposing stress on individuals with young-onset dementia**, it does introduce a limitation in terms of the depth and accuracy of the information. The perspectives and experiences of individuals with YOD may not be fully captured through secondary sources. There may be nuances and details that are missed in the research process, which undermines the search for personhood of these individuals.

How does my research on young onset dementia address the diverse and potentially evolving needs of this group over time, and what mechanisms have I put in place to adapt my designs as our understanding of these needs changes?

Interpreting this question can be approached in various ways. One way is to view dementia as a cognitive impairment that advances over time. While the design of this YOD alternative housing project focuses on the early stages of dementia, it's important to also consider the later stages of the disease. Currently, both the design and research overlook this aspect, which creates an inevitable blind spot. Addressing these challenges calls for a different research question and meeting distinct needs. I hope that this project will inspire future students to critically consider aspects I may have missed.

The second way to interpret the question is through a future-oriented perspective. It's possible that there will be advancements in medication that can alter the course of dementia or potentially even cure it. However, this possibility isn't factored into the research and design. While the design allows for further research, it doesn't address what would occur if there were changes in the progression of dementia and how this might affect the evolving needs of individuals with young-onset dementia.

If dementia becomes less prevalent due to preventive methods, my project and research may become less applicable. While the design allows for flexibility for any individual to live in this community, it raises questions about the value and usefulness of my research, which is based on the idea that YOD prevalence will increase in the future, for future generations.