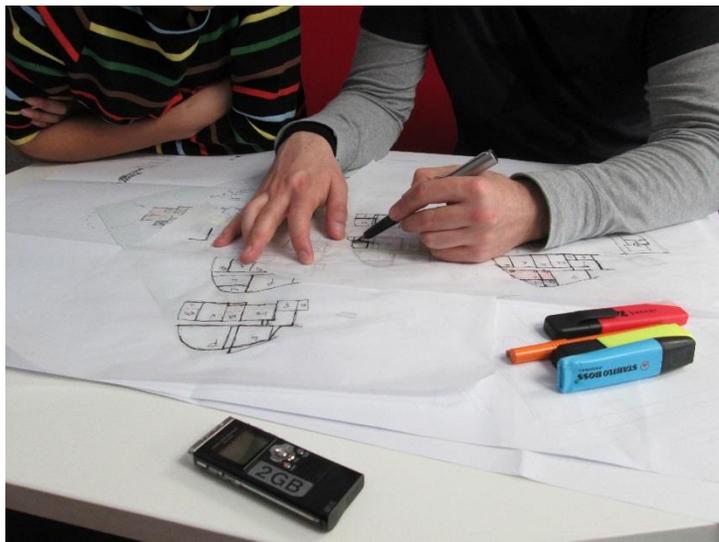




Buildings in the Making

A Sociological Exploration of Architecture in the Context of Health and Social Care



Sarah Nettleton, Christina Buse, Daryl Martin (University of York), Mikaela Patrick (Helen Hamlyn Centre for Design)

9:30- 10:00	Arrivals with tea and coffee
10.00-11:00	<i>Buildings in the making: a sociology of architecture for care</i> Sarah Nettleton, Christina Buse, Daryl Martin, Mikaela Patrick
11:00 – 11:20	Break with tea/coffee and refreshments
Paper session 1 11.20–12.50	<u>Relationships and roles in design and construction for care</u> <i>Change managers, virtual wards, and floating drip stands: Designing home and healthcare spaces with ‘end users’</i> Dylan Tutt <i>Inclusive approaches towards achieving new forms of ‘housing with care’: lessons from the ODESSA project.</i> Karim Hadjri <i>A Future for Architecture</i> Flora Samuel
12.50 – 2.00	Lunch and poster exhibition
Paper session 2 2.00 -3.30	<u>Building with care</u> <i>Available space. Architectural subjectivity in a caring organisation</i> Catharina Nord <i>Designing care(ful) buildings: a dialogue between research and practice</i> Margo Annemans <i>Making space: the public experience of living with dementia</i> Richard Ward
3:30- 3:50	Break with tea/coffee and refreshments
3.50 – 4.40	Plenary: <i>Living Apart Together</i> Stephen Witherford and Ken Worpole
4:40 – 5.00	Final thoughts

Buildings in the Making: Project team

- Sarah Nettleton (Principle Investigator)
- Christina Buse (Lead Researcher)
- Daryl Martin
- Ellen Annandale
- Sian Beynon-Jones
- Lindsay Prior (Belfast)
- Julia Twigg (Kent)
- Mikaela Patrick and Chris McGinley (Helen Hamlyn Centre for Design - dissemination, developing visual outputs)
- Lynne Chapman (freelance artist, in-situ sketches and 'A Day in the Life of an Architect')

- Building on the team's previous research – Maggie's Centres, care homes, medical professions and practice

Project advisory group

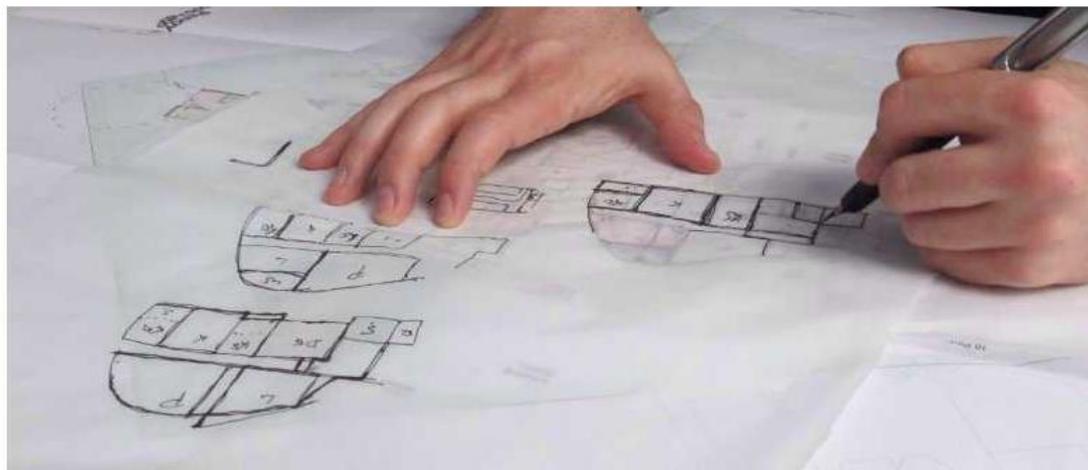
- Rhidian Hughes (independent consultant, care sector)
- Rosalynd Jowett (Patients Association)
- Alan Lewis (University of Manchester)
- Dawn Lyon (University of Kent)
- Chris McGinley (Helen Hamlyn Centre for Design)
- Julienne Meyer (My Home Life)
- Sue Robertson (University of Brighton)
- Alan Rosenbach (independent consultant, care sector)
- Pauline Stockmans (Allies and Morrison Architects)
- John James Taylor (senior buildings surveyor WYG)
- Richard Ward (DSDC, University of Stirling)
- Ken Worpole (writer and social historian)
- Mel Fairbourn-Varely (DWA)

Aims and objectives of the study

1. To 'open the black box' to understand the processes that happen between the commissioning of social care buildings (care homes and extra care housing) and their delivery
2. To develop a sociological understanding of the working practices of architects.
3. Examine how contemporary ideas about care, well-being, and good design for later life/dementia are translated into building design.

Fieldwork

- 20 initial qualitative scoping interviews – 26 architects designing care homes and extra care housing
- Ethnography following design projects as case studies 10-18 months, working with 9 practices - 172 hours of observation
 - Design reviews and drawing sessions, design team meetings, site meetings, public and user consultations
- Further interviews with architects, clients, building contractors, developers involved in these projects
- Analysis of documents and materials



The role and image of architects designing for care

How is the role of the architect perceived?

- Concerns about the changing role of architects, marginalisation, fragmentation (Jamieson 2011, Samuel 2018)
- Architect, clients and contractors still see the significance of architects role e.g. translating knowledge, adding value
- Diverse role – stage of career, practice size.... ‘not a singular thing’
- Specialist ‘health architects’ vs. ‘just good architecture’

Architectural design as complex and contingent



Image by Lynne Chapman www.lynnchapman.net

- Design always a **compromise**
- Constraints** – budget, regulatory requirements, competing demands (Imrie and Street 2011, Till 2009)
- Creativity** as working within constraint

...I think that probably the design, creative side is purely how all those intricate risk mediated measures convert into designs that are domestic and appealing and welcoming.

Architect, Interview 15

Gender and 'juggling'

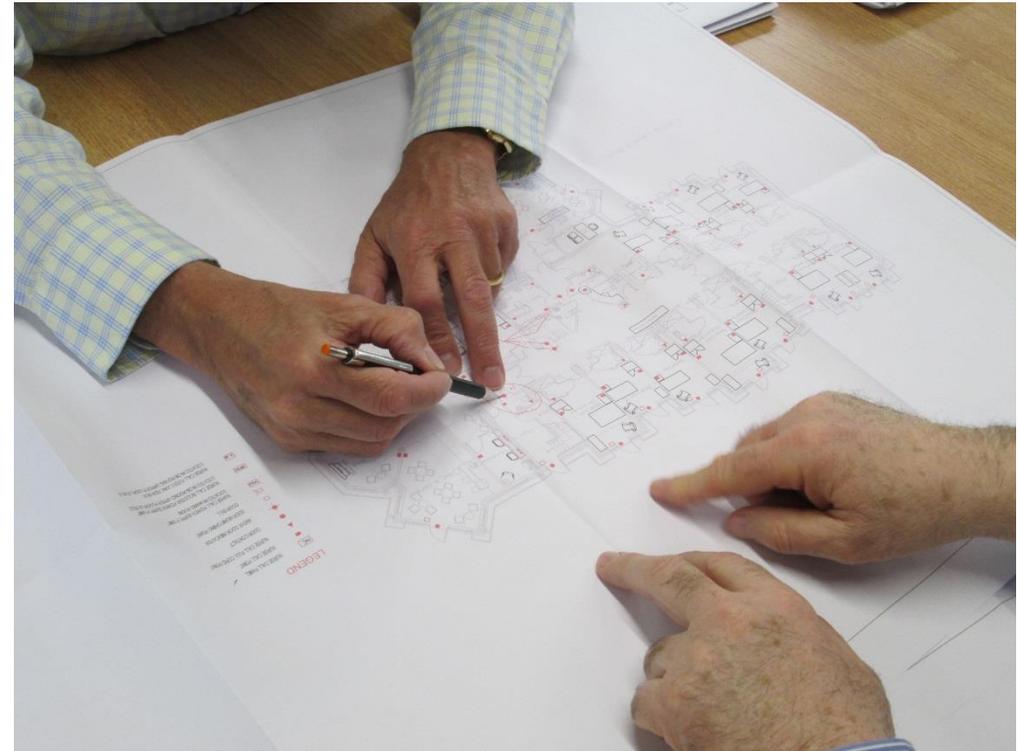
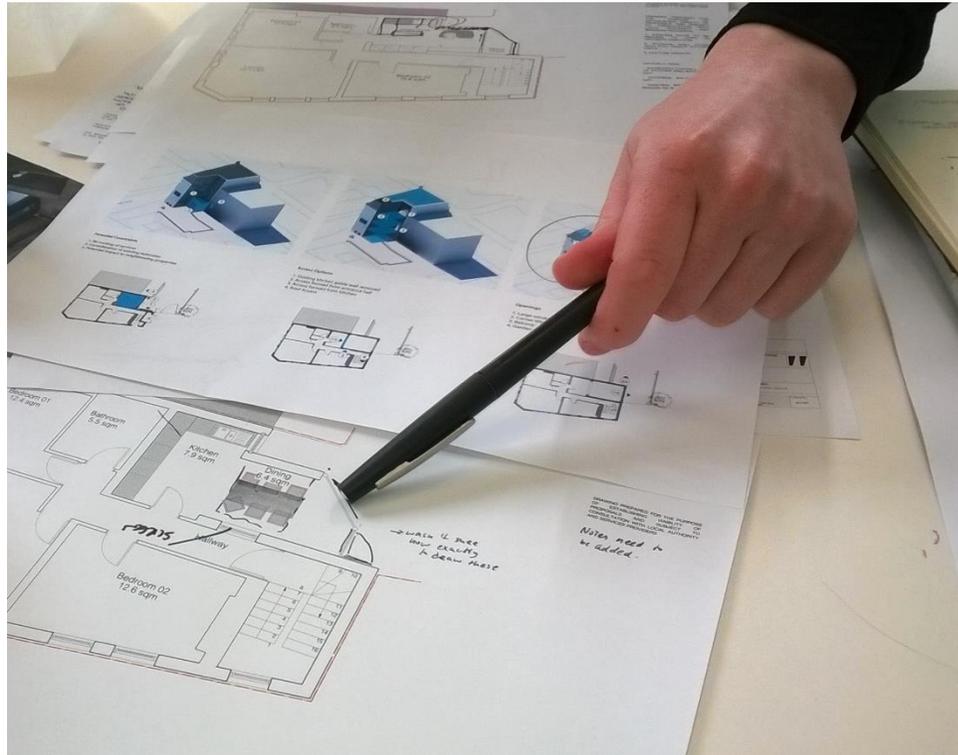
8.30 - April up since 5.30 with her daughter, has tight deadlines, is 'drawing madly'



Image by Lynne Chapman www.lynnchapman.net

- Architecture still predominantly male – 26% registered architects are women (Marrs 2017)
- Building sites – difference and 'boundary work'
- Architectural offices - exclusions from informal networking (Sang et al. 2015)
 - Long hours, unpaid work – challenge for those with caring responsibilities
 - Juggling competing demands

Drawing and architectural identity



The image of architects

- Is there an image problem in the profession? Negative images – big egos, ‘precious architects’
- Role of media (and sociology), focus on starchitects

...there was this BBC programme about that hotel in Singapore, and they interviewed the architect to explain how the concept came up, and the guy went ‘yeah, and then I was thinking about the swimming pool, and I just cut a piece of cardboard and put it on the three towers, and it was perfect.’

*And my wife, who is also an architect, just turned around; **‘that’s why people think that’s what we do, we just cut cardboard and throw crazy ideas into the wind’**. We’re not artists...we employ a kind of high level of creativity, but our design decisions are based on facts, and these off the cuff comments that some architects do to show themselves as being very spontaneous, or more intelligent or more creative, **they only hurt the profession in the external perception of what we do***

Project architect, case study 3

Design/construction, practicality/creativity, logic/artistry

Perceptions of Architecture

...nowadays architecture is more artistry than logic and buildability, and you find that what's designed doesn't take into consideration the budget and programme, and quite often what is actually buildable. So you have to build upon what the architect has sold to the client as the vision, but at the same time bring it back to reality.

Building contractor, case study 3

Perceptions of Construction

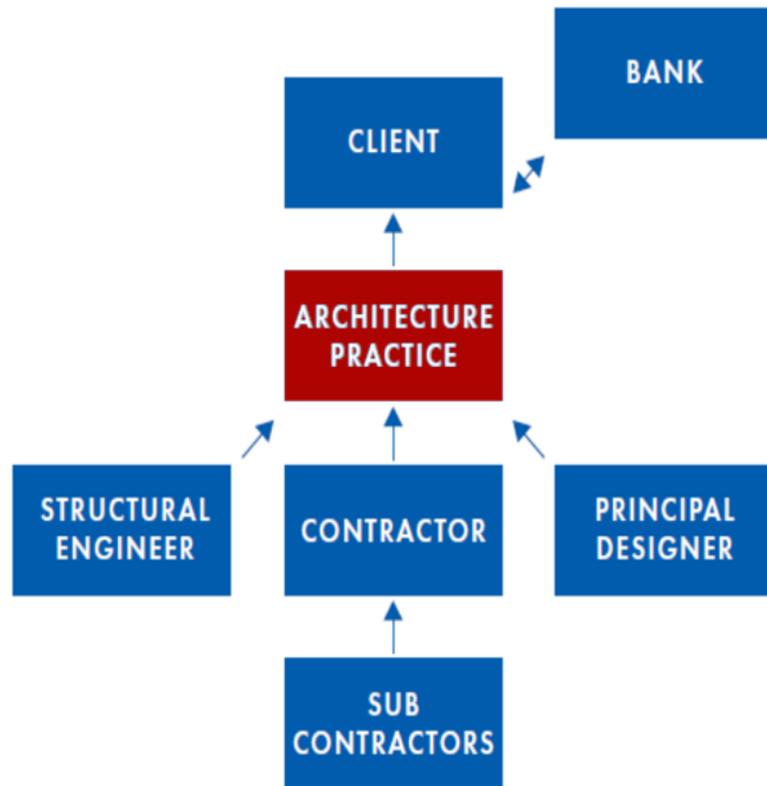
...because a contractor after all, he's only there to make money, that's his whole raison d'être, more than the architect. We're there: a) because we love design b) because we want to create something that other people like, and c) because we want remunerated for it. The contractor is usually a lot more focused on the fact he needs to get the money, do the project, pay his men and go on to the next one, and make savings...

Architect, interview 5



Working relationships on design and construction projects for care

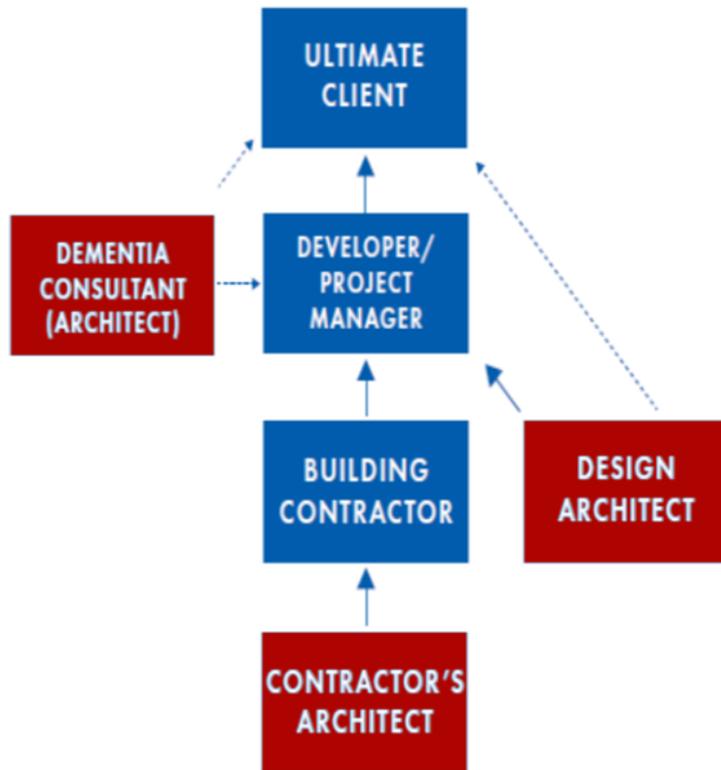
Traditional contract



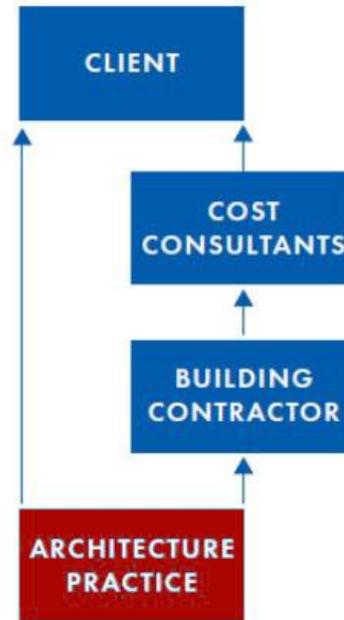
Traditional Contract -
case study 6

- Architect commissioned by the client
- Oversees design throughout a project, contract management
- Clear lines of communication and roles
- Generally preferred by architects – greater control over design and construction process
- Consistency in architects' role/architectural practice

Design and Build



Design and Build without novation (CS2)



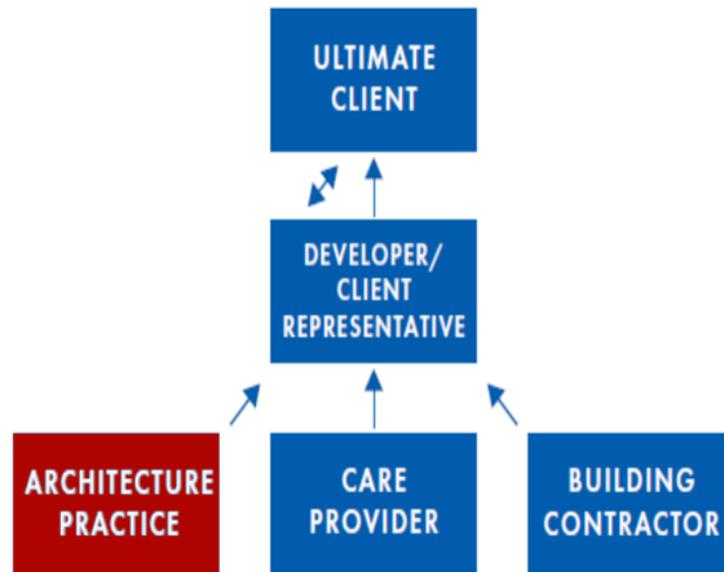
Design and Build with novation (CS9)

- Building contractor appointed to carry out design and construction
- Architect often employed to do initial concept design
 - Designing architect may or may not be appointed to work for the contractor (novation)
- Client perception of cost efficiency – D&B commonly used in social care projects

Implications

- Change of architect – loss of specialist knowledge
- Detachment from client and 'end users'
- Potential for design changes - importance of clear tender specifications to prevent loss of important design features

Design-Build-Finance-Operate



Design-Build-Finance
Operate – case study 3

- Form of public private finance initiative
- Developer led and financed
- Lengthy competitive bidding process

Implications

- Complexity of roles, additional barrier between architect/client
- Emphasis on cost, developer has final say
 - Implications for end user e.g. sprinklers

Example – positive working relationships – Traditional Contract (cs6)

Not simply contracts, ‘softer’ aspects of working relationships, hard to quantify (Wigglesworth 2012)

- Long term working relationships (Egan 1998)
- Trust and mutual respect
- Site meetings amicable and ‘fun’
- Regular communication between site meetings
- Continuity in personnel



Shared vision and values

*I've built enough care homes now to know what the end user requires, and then a bit more knowledge on dementia levels. **From building them and from the client, and being involved with the client's staff, you get to know a lot more.** Because once we hand it over next Monday, this building will be theirs, I will be still here involved with their staff, and you pick up on what they're saying. **I think I have a different view altogether on dementia now than what I did have***

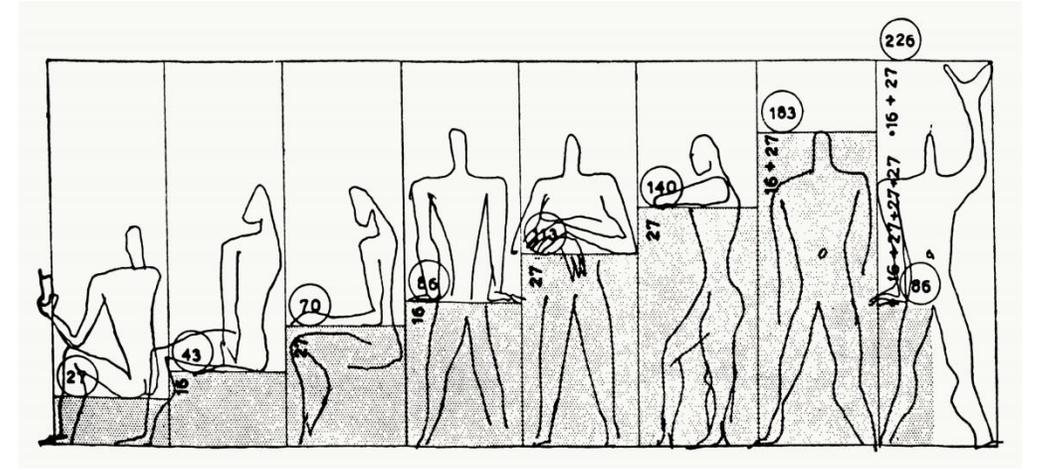
Senior site manager, case study 6



Example –positive working relationships – Design and Build (cs7)

- Emphasis on quality rather than costs in the weighting of bids, tender documentation
- ‘Vision and values’ meeting
- Socialising and friendly site meetings, meals out
- Regular communications between site meetings, design reviews
- Collaborative approach



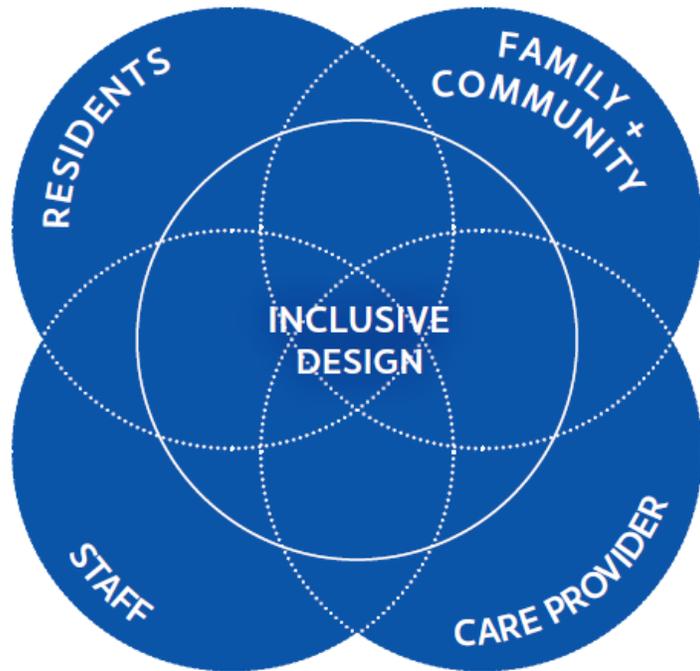


Design and construction *with* and *for* building users

Who are building users and how are they imagined in the design process?

- How do architects imagine the people they are designing for (Buse et al. 2017, Lewis 2015)?
 - Written guidance, research, training
 - Empathic work – putting yourself ‘in their shoes’
- Wider cultural images/discourses of ageing and dementia, stereotypical images
 - Positive images of ‘active’ ageing vs. dependency, decline
- Different building types associated with different images
 - Extra care/retirement villages – independence, positive ageing
 - Care homes – decline, dependency

Designing for multiple building users



- Multiple building users – who are you designing for?
- Can be tensions between designing for different building users:
 - e.g. what sells to relatives, hotel-like finish vs. homeliness
 - Independence of older person vs. staff concern about ‘risk’ (Chalfont 2013, Van-Steelwinkel et al 2017)
 - Staff need for a conducive space for work vs. residents need for homely space e.g. heating (Lewis 2015)

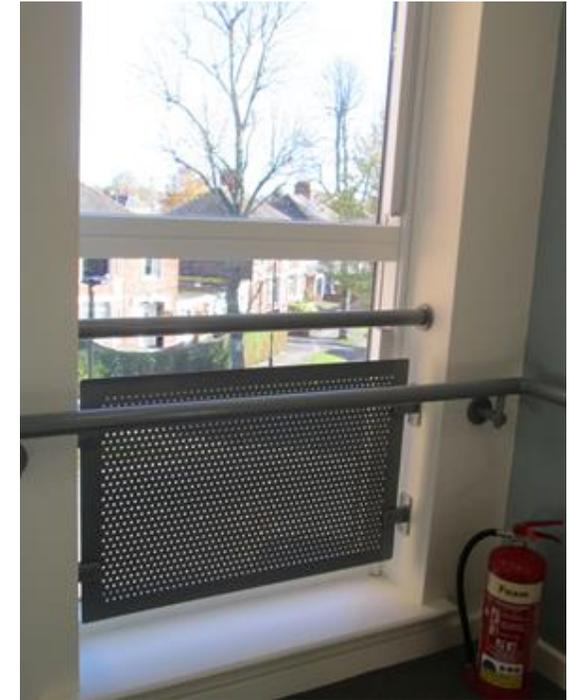
Staff needs and well-being

- Less attention to staff needs in design practice/guidance
- Designing buildings that 'care for staff' (Marshall 1998)
 - Implications for quality of care, retention of staff – long term relationships
- Laundry design in care homes – need to consider staff needs, overwhelming hot and noisy environment (Buse et al. 2018)
 - Importance of windows or air conditioning
- Staff rooms – often small to encourage interaction with residents
 - But emotionally and physically demanding nature of care work, need for space to take time out (Bailey et al. 2013, England and Dyck 2011)



Translation of best practice guidance – challenges and constraints

- Client model or ‘blue print’ may not fit with recommendations for age/dementia friendly design
- Cost constraints ‘value engineering’
 - Gardens particularly vulnerable
- Clash between regulations and age/dementia friendly design (Smith 2013)
 - Fire regulations
 - Building control
 - Planning



User consultation

- Potential for challenging stereotypical images and assumptions
- User consultation rarely happens:
 - New builds - 'end user' not in place
 - Need for client 'buy in', allocation of time and resources (Hadjri 2009)
- People with dementia not generally included (although exceptions)
- Consultation with staff also limited
- Need for more guidance and training (architectural education and CPD), connection with dementia studies research, creative methods



Example – user consultation in garden design – embedding creative approaches



Key points

- **Creating better spaces for dementia and later life care is not just about the *product* but about the *processes* of design and construction.**
- **Need for more connection between the design and construction process and building users - addressing disconnection between design intent and building in use**
- **For dementia and age friendly design to happen there needs to be collaborative effort across the different construction trades and professions – shared sense of vision and values.**

If you want to read more...

- Buse, C., Nettleton, S., Martin, D., and Twigg, J. (2017) Imagined bodies: Architects and their constructions of later life, *Ageing & Society*, 37(7), 1435-57. <https://www.cambridge.org/core/journals/ageing-and-society/article/imagined-bodies-architects-and-their-constructions-of-later-life/659A30B0F8C07577F02B29DBC659FCA5>
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<https://www.york.ac.uk/sociology/research/current-research/nettleton,-daryl-martin-chrissy-buse/>

Summary of recommendations

1. Activities and resources to support a **better public understanding of the role of architects**
2. More **spaces for multi-disciplinary dialogue** across different construction trades and professions
3. More training on consultation/designing for diverse building users within **architectural education/CPD**
4. Embedding opportunities for **multi-disciplinary collaboration and learning** in architectural education
5. Consideration of the **implications of models of procurement**
6. Consideration of the **implications of the competitive tendering process**
7. Incorporating **clear specifications** for good practice into the **brief**
8. **Shared vision and values** across the design and construction team
9. **'Champion' or advocate** for different user groups, involved throughout process
10. More guidance on design for **staff needs**
11. Creating **dialogue between design/operation**
12. Consider the weighting of **risk versus quality of life**
13. More **dialogue around regulatory requirements** – scope for flexibility?
14. Guidance for architects on **how, when and why** to consult (esp. people living with dementia)
15. **Ring fenced costs and time** allocated for user engagement

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- Buse, C., Nettleton, S., Martin, D., and Twigg, J. (2017) Imagined bodies: Architects and their constructions of later life, *Ageing & Society*, 37(7), 1435-57.
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