International approaches to care settings for those suffering from dementia or cognitive impairments: a comparative overview

Annase Wu April 2025

### Introduction

Traditional care settings for those suffering from dementia or age related cognitive impairments increasingly recognized as outdated and ineffective. As global initiatives explore alternative approaches to better address the needs of people with cognitive impairments, could a care facility ever truly feel like home?

Studies have shown that the built environment in hospitals, care residences, and homes profoundly affects the cognitive and emotional well-being of individuals with dementia. The role of architectural planning and design is therefore critical, as it sets the tone for physical comfort and shapes the overall ambiance of these spaces. When these design principles are coupled with functional amenities, operational strategies, and the integration of social values that cater to all aspects of a patient's needs—physical, mental, and social—a comprehensive, holistic approach to care emerges, enhancing the cognitive and emotional experiences of residents.

This research focuses on exploring innovative, non-traditional care methods specifically designed for individuals with dementia or those whose services are tailored to patients with cognitive impairments. By analysing 11 case studies from around the globe—including five self-contained villages and six single or mixed-use apartment settings—this study highlights examples meticulously selected for their relevance to dementia care. These settings provide valuable insights into how various models either succeed or fail in creating environments that genuinely feel like home. Through this analysis, we aim to identify the critical elements that make health care settings not only functional but also emotionally supportive and welcoming for those with cognitive challenges.



### Typology

In the field of health care facility design for people with dementia or cognitive impairments, two primary architectural models are commonly observed: village-type and apartment-type settings. Village-type settings aim to replicate the dynamics of real-life community living, providing residents with a broad and interactive environment. Conversely, apartment-type settings offer a more restricted and secure space, tailored for residents who require intensive care or prefer a smaller, easier-to-manage living area. However, modern research indicates that architectural design has increasingly moved away from these traditional models. This shift is influenced by regional cultural, social, and environmental factors, resulting in a diverse range of innovative architectural approaches to health care. The table on the right outlines the key aspects that have been explored in this evolving field. While access to outdoor spaces is essential, as mandated by the Care Quality Commission in the UK, which requires care providers to ensure residents can connect with nature, the provision of social activities is equally crucial. The main variations lie in the frequency, intensity, and quality of these activities. Therefore, we will not delve further into these aspects here.

Aspects explored	Village	Apartment
Connecting with nature	Yes	
Social activities	Yes	
Capacity of residence	Higher	Lower
Single use / mix use	Single	Single + mix (vertical village)
Isolate / integrate to community	Isolate + integrate	Isolate + integrate
Multigenerational living	No	Yes
Integration of young and old	No	Yes
Reminiscence therapy	Yes	No + Yes

Table 1.1 Summary of comparison between village-type and apartment-type of health care facilities

### Village-type

The concept of a purpose-built dementia village was first introduced in 2009 with Hogeweyk in the Netherlands. At the time, this innovative model allowed residents to safely explore a self-contained village and go about their daily lives in a familiar setting. Over the years, this village-type model has evolved and adapted in various countries with improvements to several aspects.

#### Integrate to the community

One of the most significant advancements has been the inclusion of these villages within broader communities. Modern models facilitate interaction between residents and the outside world, allowing residents to participate in activities with non-residents and even leave the village at their discretion. This shift requires a nuanced approach to security, safety, and health management but moves away from isolation, fostering a real-world community that includes both staff and residents.

The Fleming-Bennett principles, an international evidence-based best practice for designing environments for those with dementia, emphasise community linkage as a core design principle. The goal is not to fabricate a secluded community (creating internal community among live-in staff and residences) but to promote genuine integration, enabling residents to engage with the broader world. While some may question the value of integrating people with dementia into the wider community, research indicates that maintaining an active social life can be beneficial.

#### Vision for life

Furthermore, integrating into a larger community can significantly enhance residents' lifestyles and align with new visions for their lives. Transitioning from their homes to a care environment traditionally limits individuals' social interactions to visits from family. However, by becoming part of a larger community, residents are presented with new opportunities for engagement, thus enriching their lives beyond the confines of conventional care settings.



### **Apartment-type**

Traditional nursing homes often have an institutional feel, with residents assigned to individual rooms within an apartment-like structure. In contrast, modern facilities are equipped with a variety of functional amenities such as cinemas, gyms, libraries, and pubs. Some even recreate local cultural streetscapes as part of reminiscence therapy. Furthermore, these modern homes are not always confined to their buildings but may be integrated into the broader community, embodying a 'vertical village' approach to care. However, in some regions, like the UK, care settings tend to keep residents within the building, likely due to health and safety considerations.



#### Intergeneration

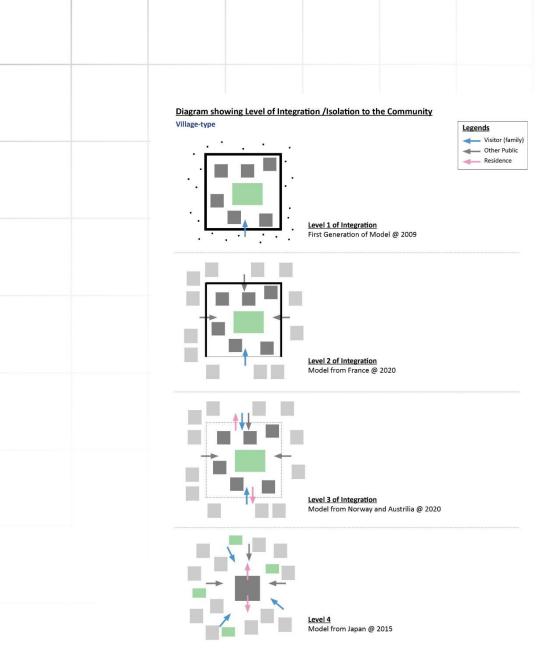
Apartment-style homes offer a mixed-use building approach, introducing various functions to the traditional living spaces. A pioneering example is the inclusion of a nursery within the building. Japan pioneered schemes in the 1970s; others have been built or are in planning across the Far East. This arrangement creates a dynamic environment where children and elderly can interact and share experiences. Such intergenerational interaction can help elderly feel more connected to their community, reducing feelings of loneliness and stimulating both mind and body. Conversely, children benefit by developing literacy, language, and social skills. Programs like intergenerational nurseries within nursing homes have shown significant improvements in the well-being of both elderly residents and young children.

#### **Multigenerational Living**

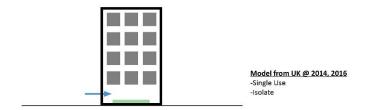
A contemporary approach to community design is multigenerational living, where individuals from various life stages—children, teenagers, students, adults, and the elderly—all reside within the same complex or building. This model goes beyond merely gathering different age groups under one roof; it fosters an environment where the talents and values of multiple generations are integrated and shared.

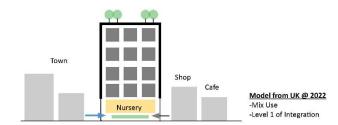
Implementing these intangible ideas into a tangible built environment presents unique challenges. Each life stage brings its own lifestyle and patterns, which must be accommodated within the community's design to encourage interaction and mutual respect. For older residents, living alongside younger people can inject vitality and a sense of purpose into their daily lives. Conversely, younger residents learn invaluable lessons in caring for and respecting their elders.

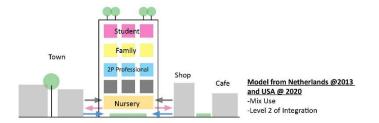
Multigenerational living not only enhances social cohesion but also strengthens community bonds, making it a vibrant, inclusive setting that benefits all residents. This approach emphasises the importance of learning from each other and supporting one another, creating a richer, more diverse living experience for everyone involved.



#### Apartment-type







### **Another approach**

Throughout the various case studies examined, two of them stand out due to their unique approaches to elderly care. These models are distinctive because they prioritise additional values in life beyond traditional care, enriching the overall experience and well-being of the elderly.

#### Emphasizing family inclusion in end-of-life

While the elements we have compared in various care settings are all methodically planned and purposeful, one crucial aspect often remains absent: living with and spending time with family. Among the various case studies examined, the BoKlok initiative—a collaborative pilot project by IKEA and the Swedish Queen—stands out for promoting co-housing. This model allows partners to live alongside their loved ones with dementia. Structured like any other apartment building, BoKlok is equipped with aged-friendly features and adequate care levels. However, its primary goal is to enable partners to live with their significant others who have dementia for as long as possible. Caring for a family member with dementia can be exhausting and frustrating.

Despite modern homes claiming to provide a homelike experience, the emotional and cognitive upheavals caused by separating individuals from their families and placing them in new, unfamiliar surroundings are significant. BoKlok's approach differs fundamentally: it emphasises the intrinsic value of family and quality time near the end of life, focusing on memory care with an emotional component, rather than just the provision of services or facilities. This approach considers both the person with dementia and their partner, ensuring that the care model does not solely focus on the patient but supports the couple as a unit.



Fostering community integration: intergenerational engagement

At AOI Care in Japan, the approach to intergenerational interaction differs significantly from other programmes with structured schedules. Here, the elderly have the freedom to plan their daily activities, fostering a more natural integration with different generations. The care centre facilitates easier interaction by allowing female employees to bring their children to work, enhancing the familial atmosphere. Furthermore, local children are invited to engage in activities such as making tea or playing catch with the seniors, helping them develop new skills and become comfortable with elderly interactions. This integration not only helps children learn but also gives the elderly a sense of inclusion within the neighbourhood, contributing to their sense of well-being and longevity.

The daycare centre is uniquely designed to attract both the elderly and local residents; it includes a multifunctional space with a community restaurant occupying a third of the ground floor, where people can observe and interact with the elderly who participate in activities like dishwashing and childcare. This setup is intentionally crafted to foster intergenerational interactions, making the centre a hub of community activity and mutual learning.

Is the UK falling behind in innovative dementia care models?

It appears that the UK may be lagging behind in pioneering new approaches for dementia care settings. This research did not specifically focus on the UK's strategies, but an analysis of three prominent case studies suggests a relatively traditional approach.

A key observation from the research is that most of the outstanding case studies examined follow an apartment-type model rather than the village-type dementia care setting, which has gained recognition internationally. This suggests that while the UK provides functionally rich environments with structured social activities, there may be a lack of innovation in spatial design that promotes autonomy and integration within the wider community. The three UK-based case studies selected for comparison demonstrate a more institutional and enclosed typology, potentially driven by health, safety, and security regulations. While these facilities

offer comprehensive care and activity programmes, their layouts appear to reinforce a level of isolation rather than fostering a more inclusive, dementia-friendly urban fabric. One notable exception is Belong Chester, which incorporates an intergenerational approach by integrating a nursery within the setting. However, it is important to acknowledge that other countries have been implementing this model for many years, indicating that the UK is adopting rather than leading in this aspect.

Furthermore, as this research does not explore the application of technology in dementia care settings, it is possible that there are UK-led innovations in digital monitoring, Al-assisted care, or smart home integration that have not been captured. However, based on the built environment analysis alone, there appears to be a lack of ground-breaking architectural and spatial strategies in the UK when compared to more progressive dementia-friendly models in other countries.



### Conclusion

This comparative study of international approaches to care homes for people with dementia or cognitive impairments underscores a crucial evolution from traditional, institutional settings toward more holistic and inclusive models. The diverse architectural typologies—ranging from village-type environments that foster community interaction to apartment-type settings designed for higher security and individual care—highlight the industry's shift towards designs that prioritize the well-being and emotional needs of residents.

Moreover, innovative practices such as multigenerational living and intergenerational programmes like those seen in AOI Care in Japan, emphasise the benefits of integrating different age groups, enhancing the quality of life for all involved. The unique models discussed, particularly the BoKlok initiative's focus on family inclusion and end-of-life care, illustrate the growing recognition of the importance of maintaining personal relationships and community bonds in care settings. These case studies collectively demonstrate that when care settings are thoughtfully designed to connect residents with their communities and loved ones, they do not just provide a place to live but a place to thrive, fundamentally enhancing both mental and emotional health.



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Her expertise includes spatial planning in clinical settings, research on particular theory and articulation in concept design, production of feasibility studies, and indoor and thermal comfort of patients concerning façade designs.

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