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# From Institutions to Neighborhoods: Designing an Intergenerational Care Community: A Service Design Proposal for Shared Living Between Children and Older Adults in Residential Care

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## Abstract

Care environments have traditionally been organized around institutional models that separate vulnerable populations from everyday community life. While these structures provide essential protection and professional support, their spatial organization and social routines may unintentionally reinforce identities based on dependency and institutional belonging rather than personal identity, autonomy, and social participation. Drawing on environmental psychology, social ergonomics, attachment theory, and service design perspectives, this research investigates how spatial configurations and relational structures influence the perception and experience of care environments. It explores the limitations of traditional care models and identifies the importance of small-scale environments, relational continuity, and opportunities for informal interaction. Based on these findings, the project proposes a service design model for an intergenerational living compound integrated within a residential neighbourhood. The proposed model consists of small house-like units where seniors, orphans in residential care, and stable adult figures coexist while maintaining privacy, autonomy, and personal boundaries. Shared spaces within the compound extend beyond residents by inviting the surrounding community to participate, creating opportunities for voluntary encounters between children, adults, and seniors.

This proposal explores how spatial and organizational conditions can enable meaningful connections to emerge naturally. By transforming care environments from isolated institutions into open relational ecosystems, this research contributes to the exploration of how service design and architecture can support belonging, identity reconstruction, and more inclusive models of social care.

**Keywords**: Service Design, Intergenerational Living, Residential Child Care, Residential Senior Care, Social Care Institutions; Environmental Psychology, Social Belonging

## 1. Introduction

Living environments play a fundamental role in shaping psychological well-being, social interaction, and the sense of belonging. In environmental psychology and physical ergonomics, space is no longer understood as a neutral container but as an active element that influences how individuals perceive themselves, interact with others, and experience security or isolation. For vulnerable populations, such as elderly people and orphaned children, the design and organization of everyday environments can significantly affect emotional stability, social engagement, and personal development.

Two social realities illustrate this challenge particularly clearly. On one side, many elderly individuals experience increasing loneliness after transitioning from independent living to retirement facilities, where daily life is often structured around institutional routines and professional care systems. On the other side, orphaned children grow up within institutional care environments designed to ensure safety and supervision, but which may lack stable family relationships and emotional continuity. Although their life trajectories differ, both groups may experience forms of social and emotional isolation shaped by the environments in which they live.

Traditional care models tend to address these populations separately, relying on large-scale institutional structures that prioritize efficiency, supervision, and service delivery. While these systems provide essential protection and support, they often struggle to recreate the informal relationships, sense of purpose, and everyday interactions typically found in family or neighborhood environments.

Within this context, service design offers a useful perspective for exploring alternative care environments. Service design focuses on the design of systems, interactions, and conditions over time that shape human experiences. Rather than attempting to design relationships themselves, service design seeks to create the spatial, social, and organizational structures that enable meaningful interactions to emerge naturally.

This research project therefore explores the potential of an intergenerational community model that brings elderly people and orphaned children into proximity within a shared living environment. The project investigates how spatial configuration, daily routines, and levels of autonomy may influence the perception of intergenerational interaction and social connection.

The aim of the project is to design and explore a small-scale community center organized around house-like living units that allow both groups to coexist within a supportive and structured environment.

## 2. Research Methodology

Main elements of the methodology include:

- Literature Review: The study examines existing research in environmental psychology, social ergonomics, attachment theory, and service design to explore the relationship between spatial configurations, social interaction, belonging, and well-being in care environments.

- Case Study Analysis: The research analyzes existing child and elderly care institutions, small-scale care models, and intergenerational initiatives to identify spatial and organizational principles that support autonomy, social connection, and community integration.

## 3. Literature Review and Theoretical Framework

### 3.1. Spatiality, Interaction, and the Construction of Social Bonds: Sociological and Environmental Foundations

Human interactions cannot be separated from the environments in which they take place. Space is not a neutral backdrop; it structures behaviors, emotions, and social roles. The literature therefore highlights several key concepts relevant to this research: spatial scale, relational continuity, attachment stability, and the role of everyday interactions in shaping social bonds within care environments.

This body of literature raises an important debate within care research and environmental psychology: whether institutional environments organized around efficiency and standardized care can truly support meaningful social relationships, or whether smaller and more relationally stable environments are required to foster belonging and interpersonal bonds.

This idea runs through the work of several major thinkers: Erving Goffman, Georg Simmel, and Robert Sommer, who, each in their own way, demonstrate that spatial and relational configurations profoundly influence the quality of social bonds.

#### *3.1.1. The Institution as Social Performance: Erving Goffman*

For Erving Goffman, individuals constantly adjust the presentation of their identity according to the context in which they operate. In *The Presentation of Self in Everyday Life*, Goffman (1956) distinguishes between two spatial and interactional registers: the front stage and the back stage.

Front stage spaces correspond to contexts in which the individual is visible, observed, and subject to explicit social expectations. Behaviors are regulated, emotions contained, and roles stabilized. Conversely, back stage spaces allow for a relaxation of this performance: individuals can express greater authenticity and vulnerability and engage in more spontaneous, less norm-governed interactions.

In the classic model of care institutions, orphanages, nursing homes and collective residential structures, individuals are often maintained in a quasi-permanent state of front stage. Administrative routines, the separation between residents and staff, and the constant visibility of behaviors reduce opportunities for informal interaction. This configuration encourages the standardization of roles and may contribute to enduring emotional distance.

#### *3.1.2. Group Size and Intensity of Bonds: Georg Simmel*

Georg Simmel (1908), in his sociology of forms, complements this perspective by showing that the quality of social bonds largely depends on relational configurations, particularly group size and the repetition of interactions.

According to him, small-scale relationships foster more personalized and intense exchanges. When individuals meet frequently within a small group, mutual recognition gradually develops, enabling the construction of trust and familiarity. Individual singularities can emerge beyond formal status.

Conversely, in large collective structures, interactions tend to become formalized. Individuals are defined more by their role than by their personal identity. This dynamic limits emotional engagement and makes the emergence of durable relationships more difficult.

Domestic or semi-domestic spaces, where interactions are repeated, daily, and minimally ritualized, thus provide favorable conditions for the evolution of roles and the gradual construction of a sense of belonging. Small scale is not merely a quantitative matter; it is a qualitative condition of social bonding.

### *3.1.3. Space as Behavioral Regulator: Robert Sommer*

Robert Sommer's work in environmental psychology adds a complementary dimension by demonstrating that spatial organization directly influences social behavior. In *Personal Space: The Behavioral Basis of Design* (1969), Sommer shows, based on empirical observations, that furniture arrangement, interpersonal distance, and body orientation modify the frequency and nature of interactions.

When individuals are seated in linear rows, spaced apart and oriented forward, exchanges are rare. Eye contact is limited, conversations are seldom initiated, and bodies tend to avoid contact. The space encourages the preservation of distance.

By contrast, when seating is arranged in circular or semi-facing configurations, at an intermediate distance, spontaneous interactions increase: eye contact, unsolicited conversations, informal coordination. Space becomes a facilitator of connection.

However, Sommer also emphasizes that proximity has a threshold. A distance that is too close may be perceived as intrusive. To explain this regulation, he develops the concept of personal space, defined as an invisible but actively defended zone surrounding the individual. Social interaction therefore does not depend on a simple reduction of distance, but on a managed proximity that respects the balance between engagement and intimacy.

Personal space thus appears as a mechanism of self-regulation: individuals adjust their positioning to maintain equilibrium between relational openness and self-protection.

## 3.2. Attachment, Trauma, and the Reconstruction of Belonging in Institutional Contexts

In developmental psychology, the quality of a child's emotional development is not determined by the biological presence of a mother or father, but by the availability of a stable and responsive

attachment figure. According to Bowlby's attachment theory (1969, 1982), what structures socio-emotional regulation and internal working models is not parental status per se, but the consistency, sensitivity, and emotional attunement of a caregiving figure. Ainsworth's empirical work (1978) on secure attachment demonstrated that children develop resilience and exploratory confidence when they benefit from reliable and coherent emotional responsiveness. This explains why some children separated from their biological parents may nevertheless develop in psychologically healthy ways if another stable figure, such as a grandparent, uncle, guardian, or consistent caregiver, fulfills this relational function. Developmental outcomes thus depend less on biological structure than on relational continuity.

Similarly, trauma research indicates that psychological suffering does not result solely from exposure to a painful or adverse event, but from the absence of mechanisms enabling the individual to process and integrate the experience. Contemporary trauma theorists (van der Kolk, 2014; Herman, 1992) emphasize that trauma becomes disruptive when it remains unprocessed, unsupported, and isolated from relational containment. In other words, the human psyche is not inherently destroyed by adversity; it becomes fragile when no relational or symbolic framework allows for the metabolization of its impact. The presence of a supportive figure significantly modulates the intensity of traumatic effects.

Applied to children living in institutions, the primary developmental risk therefore does not necessarily lie in early parental separation itself, but in the absence of coherent attachment substitution and relational repair following that rupture. Research on institutionalization shows that developmental difficulties are strongly associated with emotional deprivation and instability of caregiving figures rather than with separation alone (Rutter et al., 2007). Two children who have experienced comparable parental absence may follow radically different trajectories depending on the quality of the relational environment subsequently offered to them. Conversely, a child placed in a family setting may also encounter difficulties if the caregiving environment lacks emotional security, attunement, or stability.

Moreover, literature on post-traumatic growth (Tedeschi & Calhoun, 1996) indicates that individuals may develop greater psychological maturity, increased gratitude, and a form of inner reconciliation when adverse experiences are meaningfully integrated into their life narrative. Trauma does not necessarily define identity; it becomes pathogenic when it structures the entirety of the developmental trajectory. When accompanied and symbolically integrated, a difficult event may contribute to resilience and identity reconstruction.

From a service design perspective, these theoretical contributions suggest that the central issue in institutional contexts does not lie in the categorical label of "orphan" or "retiree," but in the structural absence of diversified relational roles and opportunities for secure attachment. The problem lies less in the initial rupture than in the systemic inability to restore belonging, continuity, and meaningful social identity. Consequently, designing intergenerational living environments could be envisioned not only as social innovation, but as a mechanism of relational repair: creating opportunities for secondary attachment, restoring symbolic roles (mentor, supportive figure, learner), and enabling identity to extend beyond institutional categories.

### 3.3. The Importance of Intergenerational Interactions in Development and Quality of Life

Contemporary scientific literature increasingly highlights the importance of intergenerational interactions in enhancing psychosocial development, well-being, and community cohesion. In contexts marked by age segregation — such as nursing homes and child care institutions — the structural separation of generations tends to limit opportunities for diversified relational exchanges that are nevertheless fundamental to human development.

Intergenerational programs (IGPs) stand out for their ability to act simultaneously on multiple dimensions of active aging and psychosocial development. According to Kaplan, Sánchez, and Hoffman (2020), these programs foster social participation, support psychological health, and stimulate cognitive functioning, while reducing isolation. Numerous empirical studies show that IGPs systematically improve mental health, social inclusion, and community cohesion, while reducing ageism for both age groups (Canedo-García et al., 2017; Newman & Hatton-Yeo, 2008).

Meta-analytic findings indicate that 77% of studies report positive effects for both generations, while 19% identify benefits primarily for older adults. Dominant research axes concern relational dynamics (61.5%) and the reduction of ageism (54%). Interventions vary and include educational programs, community initiatives, meaningful activities, physical activity, reminiscence work, and digital support systems.

Among older adults, observed benefits include increased life satisfaction, decreased loneliness, improved emotional well-being, and positive effects on cognitive and physical health (Giraudeau & Bailly, 2019; Galbraith et al., 2015). These effects can be interpreted in light of Erikson's (1950) concept of generativity, according to which transmission and engagement with subsequent generations constitute a central developmental task of later adulthood.

For younger generations, intergenerational programs provide opportunities for identity development, expansion of relational models, and the construction of positive attitudes toward aging (Canedo-García et al., 2017). These interactions expose children and adolescents to diverse adult figures, thereby enriching their relational environment beyond a homogeneous institutional circle.

Beyond individual benefits, IGPs exert a transformative influence at the societal level. Newman and Hatton-Yeo (2008) highlight their contribution to reducing intergenerational tensions and strengthening social cohesion in societies increasingly marked by age segregation. By fostering reciprocal roles such as mentor, learner, transmitter, and companion, these programs enable participants to transcend passive institutional identities and access socially valued roles.

## 4. Case Studies of Care Models

### 4.1. Therapeutic Architecture: The Case of Hogeweyk Dementia Village

Therapeutic architecture refers to a design approach that considers the built environment not as a simple functional container, but as an active element influencing human behaviour, perception, social interaction, and well-being. From this perspective, architectural forms, spatial boundaries, and the organization of spaces do not serve only aesthetic or practical purposes; they also contribute to the construction of meanings, cognitive references, and lived experiences for users.

The case of Hogeweyk Dementia Village, located in Weesp, the Netherlands, and opened in 2009, represents a significant example of this approach applied to care environments for people

living with severe dementia. Unlike the traditional model of medicalized facilities, which are often organized around corridors, standardized rooms, and an institutional logic, Hogeweyk transforms the care environment into a setting inspired by a residential village.

The project accommodates approximately 150 residents distributed across small housing units of six to seven people, integrated within an environment including streets, gardens, commercial spaces, a restaurant, a theatre, and social meeting areas. This spatial organization aims to reproduce elements of an ordinary neighbourhood in order to maintain continuity with everyday experiences and routines that existed before the onset of dementia.

The purpose of this approach is not to deny the medical condition of residents, but rather to move beyond a vision that reduces individuals to their diagnosis. The environment is designed to enable residents to continue engaging in familiar activities, moving freely, interacting with others, and maintaining a form of social identity beyond dementia. Architecture therefore becomes a support mechanism that helps preserve habits, roles, and relationships associated with everyday life.

Observations surrounding the Hogeweyk model suggest improvements in the social atmosphere perceived by families and professionals, including reports of residents appearing calmer and a reduction in the use of certain sedative medications. However, the impact of this model should not be understood solely as a result of architectural form, but rather as the outcome of an interaction between multiple dimensions: the physical environment, the organization of care, and the attitude of professionals.

Indeed, the success of Hogeweyk relies on the combination between a supportive spatial environment and the integration of professionals into the logic of everyday life. As the space moves beyond its traditional medical function and becomes a village-like environment, staff members are also integrated into this daily-life approach. Through psychological and social training, professionals do not only perform medical or care-related tasks; they may also take on everyday social roles within the village, such as serving in the café or assisting in the shop. Their role therefore extends beyond medical assistance to include an understanding of residents' psychological states, social identities, behaviours, and relational needs.




*Figure 1. Supermarket in Hogeweyk Dementia Village (photograph by Hans Erkelen)*

### 4.2. Child Institutions and the Issue of Relational Deprivation

Research in the field of child protection provides fundamental insight into institutional questions. Difficulties observed among children raised in institutions do not stem solely from the absence of biological parents, but primarily from prolonged relational deprivation, instability of adult figures, and low levels of individualized care.

The Bucharest Early Intervention Project constitutes a major reference in this regard. This longitudinal study, based on a comparison between children raised in institutions and those placed in foster care, shows that large institutional environments are associated with cognitive delays, attachment disorders, and significant socio-emotional difficulties. The results also indicate that placement in a more stable and personalized environment allows for notable improvement in developmental trajectories, particularly when intervention occurs early.

These findings do not condemn the institution as a structure but highlight an essential point: what undermines development is not the formal framework itself, but the absence of stable, predictable, and meaningful relationships. When interactions are standardized, fragmented across multiple adults, and weakly personalized, the child struggles to construct a sense of internal security. Conversely, small-scale environments offering relational continuity and individual recognition support emotional regulation and identity formation.

International recommendations regarding alternative care converge toward this idea. Large-capacity residential facilities tend to be progressively replaced by small-scale solutions or forms of care that promote relational stability. The literature thus shows that the quality of a care setting

depends not only on meeting material needs, but on the possibility of establishing durable and differentiated bonds.

### 4.3. Environmental Qualities and the Sense of "Home": The Swedish Example

The institutional question arises similarly in nursing homes. In the Swedish context, public policies governing these establishments have, since the 1990s, required that each resident have a private space including a bathroom and kitchenette. National recommendations encourage human-scale environments organized into small units of approximately eight to nine apartments sharing common areas, within a familiar setting that promotes participation in daily activities.

The ethnographic study conducted by Johansson, Borell, and Rosenberg (2022), published in *Ageing & Society*, examined several Swedish nursing homes recognized for their quality of operation. The authors combined participant observation, in-depth interviews, and photographic documentation to analyze how a sense of belonging and "home" is constructed in everyday micro-situations.

The results show that "home" does not result merely from domestic aesthetics, but from the possibility of acting and participating. Apartments are decorated with residents' personal belongings, embedding the space within biographical continuity. Common areas, particularly the kitchen, are designed as open living spaces: residents can access them freely, prepare coffee, share tea, invite visitors, or participate in daily tasks if they wish. Participation is not imposed; it remains an available possibility.

Safety, often perceived as an institutional marker, here becomes a reassuring foundation that enables autonomy. The studied environments allow for variations in social intensity: being active, observing, withdrawing, returning. Certain spaces become natural points of attraction where interactions emerge spontaneously.

The study thus demonstrates that belonging is an experience continuously negotiated through spatial use, shared routines, and staff posture. Moving beyond institutional logic does not consist merely in masking visible signs of institutionalization, but in supporting practices that allow residents to truly inhabit the place.

### 4.4. Example of an Intergenerational Residential Project: the "Residensemble" Program (Le Meyerhof, Rosheim)

A contemporary example of an intergenerational residential project is presented by Jean-Yves Stollmeyer (2019) in an article devoted to the values of the "Résidensemble" concept. The author describes the Le Meyerhof program in Rosheim as a residence explicitly designed to accommodate individuals from different generations within the same housing complex.

According to the description provided, the residence aims to bring together autonomous and dynamic seniors as well as younger households, notably couples with children. The stated objective is to create a collective dynamic based on neighborhood solidarity. Intergenerational interaction is not presented as a structured institutional device, but as a residential framework encouraging informal exchanges among inhabitants.

The text mentions potential forms of everyday mutual assistance, such as occasional childcare by a senior neighbor or accompaniment of an elderly person for shopping or medical appointments. These examples illustrate a conception of neighborhood as a space of reciprocal cooperation, inspired by traditional forms of local solidarity.

The project also highlights the architectural design of the site. The residence is equipped with elevators connecting basements to upper floors and is designed to accommodate individuals with reduced mobility. It includes a set of services provided by Abrapa (Association for Assistance to Persons in Bas-Rhin), comprising the presence of a residence manager during the day, a social life coordinator, and a teleassistance and prevention system via home automation equipment (central unit, emergency bracelet or pendant).




*Figure 2. Overview of the Résidensemble residential neighbourhood (Alfa Immobilier Website)*

### 4.5. Nursing Homes Integrating Contact with Children

Another form of institutional transformation appears in establishments that integrate intergenerational arrangements within their organizational structure. The documentary *The Growing Season* (Briggs, 2015) presents the example of Providence Mount St. Vincent in Seattle, where a daycare center is located inside the nursing home. Interactions between children and residents are not occasional activities, but structured and daily co-presence. Shared activities — reading, creative workshops, free play, informal exchanges — become ordinary moments of collective life.

Testimonies collected in this type of environment reveal a tangible transformation of the institutional climate. Residents describe feeling “useful again” and being able to pass something on to younger generations. Some refer to these encounters as a source of renewed energy. One resident explains that the presence of children “gives him back the feeling of still having a role.”

This dimension of generativity, in Erikson's sense, appears central: the older person is no longer solely a care recipient, but an actor within a relationship.

A comparable initiative has been implemented in Tourcoing, where a nursing home shares its grounds with a daycare center. Shared workshops — storytelling, baking, gentle gymnastics — structure the week. Collected testimonies illustrate the profound emotional impact of these interactions. Mr. Pierre, 92 years old, confides: "It's my little ray of sunshine." He adds that these moments "motivate him to take his morning walk," revealing how the presence of children becomes a daily driving force.

Staff members also observe significant transformations among certain residents. Clément Callens, an activity coordinator, emphasizes that "children are the best medicine." He specifies that "even hearing them cry brings life back; it is a stimulation." These remarks highlight an often overlooked dimension: the mere sound, movement, and unpredictability inherent to childhood reintroduce sensory vitality into an environment sometimes marked by routine and slowness.

Concrete situations illustrate these effects. Mrs. Maton, 96 years old, usually inexpressive and subject to great fatigue, began spontaneously singing nursery rhymes during a reading workshop. According to professionals, contact with children acts as an emotional trigger, awakening memories, old gestures, and deeply rooted affective memory. The coordinator also observes that "when the children arrive, everyone softens, everyone relaxes," including staff members, who describe these moments as a "breath of fresh air."

From the perspective of early childhood professionals, Marie Legourd notes that regular contact with older adults fosters in children an early form of benevolence toward elders and, more broadly, toward vulnerable individuals. She emphasizes that these interactions contribute to more inclusive socialization from school entry onward. Children learn to adjust their pace, to listen differently, to tolerate slowness, and to recognize fragility without fearing it.

These testimonies do not describe a romanticized ideal. Intergenerational cohabitation requires a structured framework: sanitary rules during epidemics, explicit consent of residents, respect for physical boundaries. However, when these conditions are met, the institution ceases to be solely a place of care and becomes a space of circulating roles. The resident becomes once again a narrator, transmitter, sometimes a quasi-grandparental figure. The child, in turn, becomes a relational partner rather than a simple visitor.

### 4.6. New Life Village: An Intergenerational Residential Model to Support Children from the Child Welfare System

Located in Tampa, Florida, New Life Village represents an intergenerational residential community model designed to support children from the child welfare system while providing older adults with an active social role within a community environment. The project is based on the creation of a living environment resembling a family neighbourhood, where different generations share common spaces and develop relationships of mutual support.

The village welcomes foster families, adoptive families, and relatives caring for children who have experienced family instability or trauma. Children live in independent family

housing units with their reference figures, while seniors also live within the community as active members. Their role is not related to caregiving, but to the creation of social bonds through daily interactions, visits, and shared moments with children.

The testimonies collected in the WFLA News Channel 8 (2026) report illustrate the positive perception of this coexistence. Older residents express their gratitude for being part of the village and describe the presence of children as a source of vitality, social connection, and a sense of purpose. Families also highlight that this generational diversity contributes to providing children with an enriched environment through the presence of additional adult figures.

The spatial organization of the project follows a neighbourhood-based approach, including private housing units, shared outdoor spaces, and areas that encourage informal encounters. This configuration seeks to maintain a balance between personal privacy and opportunities for interaction, allowing relationships to develop naturally rather than being restricted to scheduled institutional activities.




*Figure 3. Screenshot of the New Life Village website homepage*

## 5. Summary

The analysis of the literature and case studies highlights a progressive shift from traditional institutional care models toward environments that seek to preserve continuity with everyday life. Beyond the provision and quality of care itself, the reviewed literature suggests that care environments can benefit from incorporating familiar aspects of daily living, including routines, social roles, personal relationships, and opportunities for interaction. From this perspective, person-centred care extends beyond medical or functional needs to also consider individuals' histories, identities, social relationships, autonomy, and sense of belonging within a community.

This evolution also reveals limitations associated with traditional institutional models for children and older adults. Although such institutions provide protection, care, and professional support, their organization may rely on collective management, standardized routines, and the separation of roles. These characteristics can limit opportunities for continuity, autonomy, and informal social interaction, depending on the institutional context.

The literature reviewed nevertheless identifies shared relational needs across these different life stages, including relational stability, individual recognition, meaningful relationships, and a sense of belonging. For children, the literature emphasizes the importance of stable and predictable relationships for socio-emotional development. For older adults, research associates well-being with meaningful social participation, purpose, and opportunities to maintain social roles. Taken together, these findings suggest that vulnerability should not be understood solely in relation to age, but also in relation to the disruption of meaningful relationships and social continuity.

The literature review and case studies converge particularly around two dimensions relevant to the transformation of care environments: spatial organization and social interaction. The analyzed examples suggest that smaller-scale, domestic, or neighbourhood-like environments may support familiarity, participation, autonomy, and a sense of belonging. However, these findings do not establish a single universally effective spatial model. Instead, they provide design directions for reconsidering how care environments can be organized.

Within this context, intergenerational arrangements emerge in the literature as a potential response to age segregation. Existing research suggests that intergenerational interactions can provide opportunities for social connection, reciprocal support, knowledge exchange, and reduced social isolation. At the same time, meaningful interaction should not necessarily be understood as constant or mandatory. Environments should therefore provide opportunities for interaction while preserving individuals' ability to choose their level of participation, including opportunities for privacy and solitude.

These findings invite a reconsideration of care environments not merely as systems for delivering services, but as relational environments in which spatial organization, social roles, everyday routines, and social interactions may jointly contribute to well-being.

Based on these findings, a set of design principles was identified to guide the subsequent design exploration: continuity with everyday life, relational stability, individual autonomy and privacy, meaningful social interaction, voluntary intergenerational participation, and connection with the wider community. These principles were then translated into spatial, organizational, and social design decisions within Heart of Generations.

Heart of Generations is a conceptual service design proposal, presented to explore a small-scale intergenerational residential model bringing together children, older adults, and stable adult figures

within a shared community environment. The proposed model aims to create the spatial, organizational, and social conditions that enable meaningful relationships to develop naturally over time, whether between residents of the same house, among the different houses within the compound, or between the compound's residents and people living in the surrounding neighborhood. Through this openness to the wider community, the compound is no longer conceived as an isolated institution but as a genuine residential neighborhood where care becomes integrated into everyday life rather than being separated from it.

## 6. Conceptual Service Design Proposal

### 6.1. Design Vision

The core idea of this design is to combine elderly and child care environments within a shared intergenerational residential compound. The project aims to transform institutional care settings from service-oriented facilities into living environments that preserve the qualities of everyday life, social interaction, and community belonging.

The proposed model consists of a residential compound composed of small-scale houses, shared gardens, recreational areas, outdoor play spaces, sports facilities, and semi-public spaces that encourage interactions between residents and the surrounding community.

The objective is not only to bring different generations into the same place, but to create spatial and organizational conditions that allow meaningful relationships to emerge naturally over time while maintaining each resident’s privacy, autonomy, and personal identity.

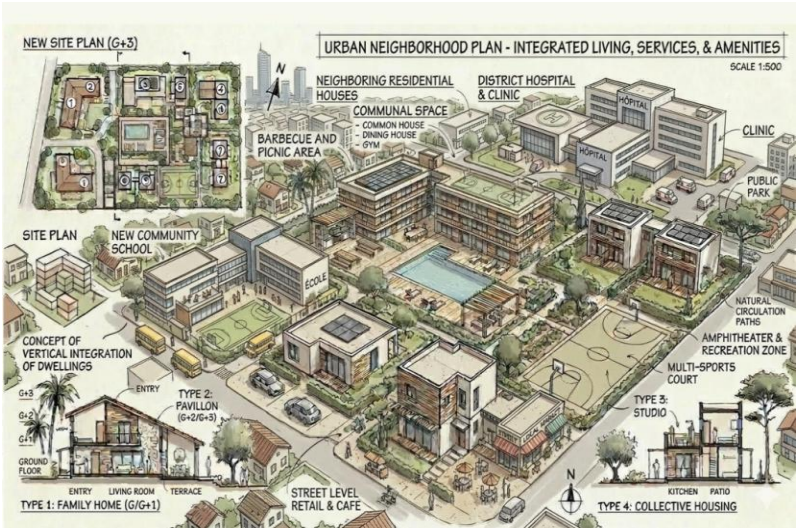



*Figure 4. Sketch of the "Heart of Generations" Compound within the surrounding neighborhood*

### 6.2. House Composition and Spatial Organization

Each house is designed as a small co-living household hosting four residents, typically composed of two children and two elderly adults, supported by a dedicated professional caregiver. The organization of each unit aims to balance shared daily life with individual autonomy by providing both private and communal spaces.

Each resident has access to a personal space that preserves privacy, identity, and independence. Children's bedrooms are designed to accommodate children of similar ages, allowing them to maintain personal belongings and individual boundaries while benefiting from proximity that encourages communication and companionship.

The spatial configuration of each house is conceived to support both generations by integrating areas for shared activities, informal interactions, and everyday routines, while maintaining opportunities for withdrawal and personal time. Each unit therefore functions as a domestic environment where residents can develop relationships naturally while preserving their own sense of privacy and autonomy.

### 6.3. Role of Staff

Caregivers are assigned to one house or a limited number of houses depending on their professional role, rather than rotating across the entire compound. This organization allows staff members to become familiar with the residents, understand their individual needs, and develop stable and continuous relationships with the small group they support.

Beyond their professional training, caregivers receive additional preparation in psychological and relational aspects, including knowledge of each resident's personal history, preferences, and social needs. Their role extends beyond the delivery of care tasks; everyday presence, shared activities, playing, conversations, and quality time spent with residents are considered essential components of their work.

This approach aims to transform caregiving from a task-oriented service into a relational practice, where professionals contribute not only to residents' physical well-being but also to their emotional security, sense of belonging, and continuity of daily life.

### 6.4. Shared Spaces in the Compound

The compound includes both outdoor and indoor shared spaces where residents can meet beyond their individual houses. These spaces support: spontaneous encounters, visits between houses and shared activities.

Activities may sometimes be organized like monthly events, while many interactions are expected to emerge informally through everyday encounters in shared spaces.

These environments allow residents to interact while maintaining the autonomy of each house. and have multiple way of interactions.

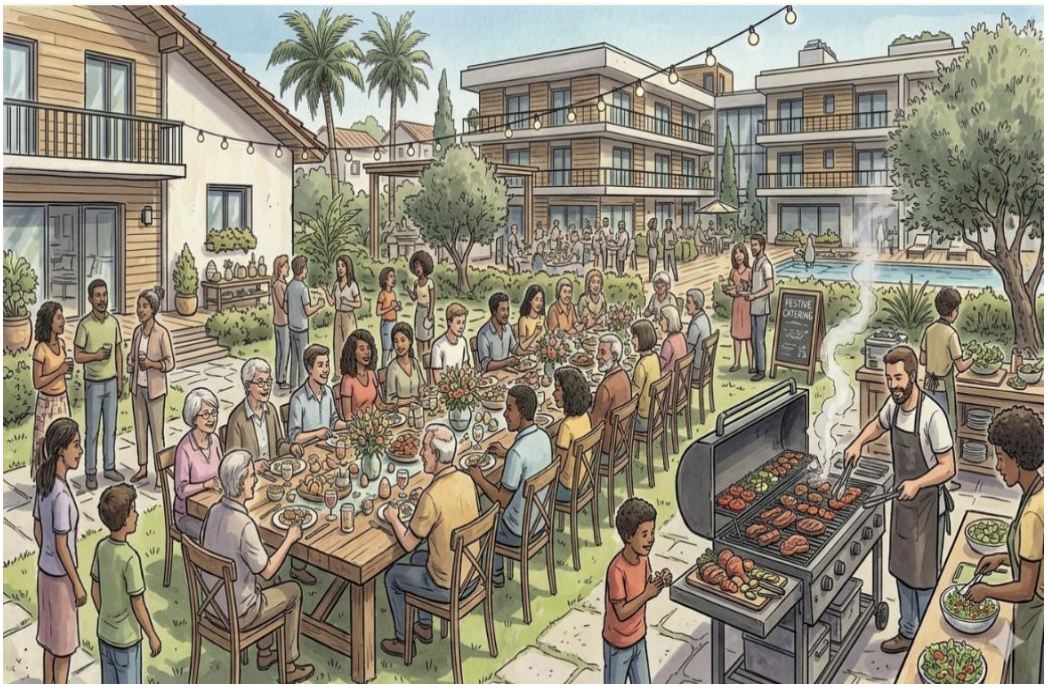



*Figure 5. Conceptual sketch of a Sunday barbecue event in the Compound*

## 6.5. Connection with the Neighborhood

A key objective of the design is to maintain continuity between the compound and the surrounding neighborhood, avoiding isolation from the outside community. The proposed location is envisioned within an existing residential area that already includes essential community facilities, such as schools, healthcare services, shops, and supermarkets. This integration allows residents to remain connected to everyday urban life.

Also the compound includes shared spaces and workshops open to neighbors, such as creative workshops, small cultural activities, and children's sports activities. Residents from the surrounding neighborhood can participate in these activities, creating opportunities for natural interactions between people living inside and outside the compound.

This approach reduces the boundary between institutional environments and ordinary residential life by transforming the care setting into an active part of the neighborhood. The compound becomes not an isolated facility, but a community space integrated into the social fabric of everyday life.

## 6.6. Staff Integration in the Living Environment

The compound includes residential units dedicated to staff members who wish to become part of the community. This possibility remains voluntary and allows staff to live within the compound, either individually, with a partner, or with their family.

The objective is not to extend professional responsibilities beyond working hours, but to create opportunities for greater social continuity and familiarity within the living environment. Staff members who choose to reside in the compound maintain their own private homes, ensuring autonomy and personal boundaries outside their professional roles.

This approach may also address practical challenges related to housing availability and the distance between workplace and home, while strengthening the sense of community and relational continuity within the compound.




*Figure 6. Sketch of Everyday life scenarios within the Heart of Generations Compound*

## **6.7.** Staff Integration in the Living Environment

As the proposed model brings together children and adults within a shared environment, differences in age, personality, needs, and levels of independence create a sensitive context that requires careful consideration. Safeguarding, privacy, autonomy, and appropriate supervision are therefore essential considerations.

The environment would be designed to support both interaction and individual privacy, with personal spaces allowing residents to maintain their own boundaries and shared areas providing opportunities for social and intergenerational interaction.

Staff would be appropriately trained and continuously present to provide support and supervision, both within the individual houses and across the wider compound.

Intergenerational interaction would remain voluntary, allowing each resident to decide whether and how they wish to engage with others.

## 7. Conclusion

The broader aim of this research is to promote and encourage initiatives and projects that seek to reduce the boundaries between institutional life and everyday living, creating more integrated and human-centred environments.

This conceptual proposal was developed based on the findings identified through the literature review and the analysis of existing case studies in care environments, intergenerational initiatives, and therapeutic architecture. These findings informed the design principles underlying the Heart of Generations Compound, which should be understood as an initial design exploration rather than a finalized or validated solution. The proposed spatial and organizational characteristics therefore represent design decisions that translate the identified principles into a conceptual model.

Further empirical investigations are needed to explore the feasibility, acceptability, safeguarding requirements, and potential impact of this conceptual service design. Future research could build upon this initial proposal through real-world experiences, interviews, participatory studies, and user testing involving residents, families, care professionals, and other relevant stakeholders. Such research could help evaluate and refine the proposed design principles and determine how they could be developed into a practical and evidence-informed model.

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