

This is a repository copy of *The constellations of design:architects' practice modalities when working with embodied individuals and virtual collectives in later life facilities in the UK*.

White Rose Research Online URL for this paper:

<https://eprints.whiterose.ac.uk/216161/>

Version: Published Version

Article:

Annandale, Ellen Carol orcid.org/0000-0002-5305-039X, Nettleton, Sarah orcid.org/0000-0002-5184-2764, Martin, Daryl orcid.org/0000-0002-5685-4553 et al. (2 more authors) (2024) The constellations of design:architects' practice modalities when working with embodied individuals and virtual collectives in later life facilities in the UK. *Journal of Professions and Organization*. ISSN 2051-8811

<https://doi.org/10.1093/jpo/joae013>

Reuse

This article is distributed under the terms of the Creative Commons Attribution (CC BY) licence. This licence allows you to distribute, remix, tweak, and build upon the work, even commercially, as long as you credit the authors for the original work. More information and the full terms of the licence here:

<https://creativecommons.org/licenses/>

Takedown

If you consider content in White Rose Research Online to be in breach of UK law, please notify us by emailing eprints@whiterose.ac.uk including the URL of the record and the reason for the withdrawal request.

The constellations of design: Architects' practice modalities when working with embodied individuals and virtual collectives in later life facilities in the UK

Ellen Annandale^{*}, Sarah Nettleton, Daryl Martin, Christina Buse and Siân Beynon-Jones

Department of Sociology, Law and Sociology Building, Campus East, University of York, Heslington, York YO10 5GB, England, UK

^{*}Corresponding author. Email: ellen.annandale@york.ac.uk

Architects' practice is characterized by a narrative of progressive unease about lack of autonomy coupled with a recent steer from professional figureheads towards the benefits of connected ways of working with other occupations, such as contractors and developers, rather than boundary protection. We explore this through a study of UK architects working on residential facilities for later life, involving semi-structured interviews with architects and ethnographic fieldwork of two building projects followed over time. We show that architects experience key stakeholders in their intersection on two axes: as 'virtual-embodied' and 'individual(s)-collective(s)'. Facility end-users (residents, staff) are encountered more commonly in virtual (abstract) than in embodied (tangible, visible) form, and as collectives rather than as individuals (as 'virtual collectives'). In juxtaposition, they tend to encounter clients (facility owners, developers), building contractors, and planners in embodied rather than virtual form and as individuals rather than as collectives (as 'embodied individuals'). We explore the consequences for architects' 'practice modalities', broadly defined as how something happens, is done, or is experienced. We show that 'embodied individuals' foster a practice modality of 'dependency and contingency' where stakeholders tend to have more sway, whereas 'virtual communities' enable a practice modality of 'autonomy and personal artistry'. However, 'embodied individuals' and 'virtual collectives' are mutually informing rather than independent sets of relationships; that is, they bear on each other during the architect's work, sometimes in challenging, even conflicting, ways. An analysis of how architects navigate this helps to understand how a build evolves as it does from architects' perspectives.

KEYWORDS: *architects; end-users; stakeholders; relationality; older people; care facilities.*

INTRODUCTION

Ostensibly, the architect's work is clear-cut: to develop a design for a client and to take a building through the planning and construction process to completion. Yet their capacity to realize this has been dogged with doubt. Throughout the 20th century and beyond, research has chronicled architects' insecure economic footing, occupational standing, and artistic status. Scholars point to the profession's unease about the lack of autonomy and progressive need to negotiate their role in the pursuit of design objectives as boundaries with other occupations, such as contractors and developers, have blurred (Blau 1984; Cuff 1991; Symes, Eley and Seidel 1995; Cohen

et al. 2005; Samuel 2018). However, of late, social scientists and architects alike have characterized architectural practice as intrinsically 'relational' apropos its interactions with other professions (see e.g. Imrie and Street 2014; Reinmuth and Benjamin 2020). Although this may seem intuitively undesirable, professional figureheads have elevated interdependent and contingent practice over autonomy and personal artistry as a positive professional future (Till 2013; Reinmuth 2017; Harriss, Hyde and Marcaccio 2020).

Where does this leave our understanding of the work of architects and architecture as a profession? 'Professionalism is an interactive, living phenomenon,

taking place in real-life processes' (Noordegraaf 2020: 2011). Consequently, the relative autonomy-dependency of architects' practice is forged actively within the assemblage of stakeholders to a building project rather than pre-given. Yet we lack an overarching conceptual model with which to analyse architects' experience of work with stakeholders as a constellation, or 'system of professions' (Abbott 1988) in their work with stakeholders. Our objective in this article is to develop such a model, specifically to enable our analysis of UK architects' experiences of working on residential buildings for later life. This objective was guided by—and, in turn, contributes to—wider discussions of a newer 'connective' form of professionalism (see e.g. Adams et al. 2020; Noordegraaf 2020), and 'relational' architectural practice (see e.g. Ahuja, Nikolova and Clegg 2017; Reinmuth and Benjamin 2020; Jolliffe and Crosby 2023), which are in potential tension with the traditional 'protective' professional guardianship of design.

Analysing data from semi-structured interviews and ethnographic fieldwork data, we develop a conceptual model to capture architects' experience of their key stakeholders in their intersection on two axes: as 'virtual-embodied' and 'individual(s)-collective(s)'. We argue that architects more commonly encountered facility end-users (residents, staff) in virtual (abstract) than in embodied (tangible, visible) form, and as collectives rather than individuals (i.e. as 'virtual collectives'). In juxtaposition, they were more likely to encounter clients (defined by respondents as facility owners, developers), building contractors and planners in embodied than in virtual form, and as individuals rather than as collectives (i.e. as 'embodied individuals'). We explore the consequences this has for what we refer to as architects' 'practice modalities', broadly defined as how something happens, is done, or is experienced, with a particular focus on the forging of autonomy within relationality. In what follows, we first outline the theoretical framework within which our conceptual model is located and explain the components of the model. This is followed by an account of our research methods, the presentation of the study findings, and a discussion and conclusion.

EXTANT LITERATURE AND THEORETICAL FRAMEWORK

Over 25 years ago, Larson identified a syllogism beneath architects' legitimation of their work: 'only architects produce architecture. Architecture is an art. Architects are necessary to produce art' (1993: 5). Yet, since a building's production is heavily influenced by an assemblage of others, their work is inherently heteronomous. Consequently,

autonomy and heteronomy exist 'in a permanent and constitutive contradiction' (Larson 1993: 14). A decade forward, Larson deduced that autonomy is more an ideological position than a depiction of architects' actual work, reaching the conclusion that 'behind the façade of the aesthetics and theory lies the "real world" of a struggling occupation' (2004: 329–30).

As advanced by Abbott (1988), professions are part of interdependent systems, composed of contested jurisdictions. Architecture is no exception. The profession has long been typified by the 'super wicked problems' of role invasion (e.g. by contractors and developers), marginalization (Frimpong and Dansoh 2018: 292), and an increasingly fragile hold on the traditionally sought core activity of design (Symes, Eley and Seidel 1995; Sahin-Dikmen 2013). Architects tend to enter the profession for the creative and artistic opportunities and design originality that, outwardly, it affords (Blau 1984; Ewenstein and Whyte 2007; Sahin-Dikmen 2013). But research shows that this jars with the everyday realities of countless voices and uncertainties arising from ambiguous boundaries of expertise and authority during a project (Cuff 1991; Till 2013). Although Abbott (1988) mentions architects only in passing in the *System of Professions*, he points to long chains of work which traverse the jurisdictions of others—such as developers, contractors, engineers, and planners—each taking 'its toll of the autonomy of architects', such that they become 'a broker negotiating a general design through a maze dictated by others' (1988: 50).

In more recent times, voices from within the profession have spoken against the pursuit of jurisdictional exclusivity, boundary maintenance, and autonomy. From a survey of leading figures, the Royal Institute of British Architects (RIBA) (a charitable professional membership body) concludes that striving for the leading role in building projects is a "Victorian concept" operating in the 21st-century' (RIBA 2005: 13). Architects' 'introverted design perspective', and 'lack of integration with other members of the construction team' is characterized as outmoded, with member research revealing that recruits tend to see the label 'architect' as too restrictive and as creating barriers between themselves and others, such as in planning and urban design, and lean towards broader multi-disciplinary practice (RIBA 2005: 13, 14). For the RIBA, this points to a 'future of much looser definitions and more slippery modes of practice' (Jamieson 2011: 29). Collaborative working with other occupations could put paid to any notion of individual design signature for all but the minority of prestige architects or 'starchitects' whose capacity to present aesthetic design as an end in itself ensures that encounters with clients are driven by

their ‘unique artistic vision’ (Kornberger, Kreinera and Clegg 2011: 147, 143; see also Jones 2009).

In commentaries and research, various architects (some collaborating with social scientists) have actively promoted dependency and contingency over ‘outmoded’ quests for autonomy. For Ahuja, Nikolova and Clegg (2017: 7), attempts to hold onto the role as the dominant actor in the constellation producing a building inevitably lead to ‘identity-based tensions’, marginalization, and alienation. For example, Jolliffe and Crosby conclude that ‘hope may lie’ precisely in ‘loss of territory’ to others and the opportunity to be at the centre of coordinating designs (2023: 236). Till maintains that architects’ persistent, idealized pursuit of values along the ordered line of ‘expert-profession-practice-product’ unravels to reveal work that is exceedingly contingent, uncertain, and dependent, rather than authoritative (2013: 155). He advises fellow architects to grasp this as an opportunity rather than to suffer it as a burden. In an arresting statement, Reinmuth grants ‘a liberating potential in the revelation that the profession is somehow inconsequential in the moment of its own demise’, cautioning that if architects stick steadfastly to their traditional focus on the production of objects (such as the building), they are ‘doomed to occupy the forever narrowing twilight zone of contemporary practice’ (2017: 95, 102). Co-authoring with philosopher Andrew Benjamin, he advises that the traditional object-focus should be cast aside in favour of a relational ontology which conceives the building as the ‘*after-effect* of a network of relations’ of which architects are just one part (Reinmuth and Benjamin 2020: 93, emphasis original). Since their argument is philosophically oriented, they stop short of providing examples of actual practice, but propose that ‘just as the examination of past exemplars from the discipline revealed shortfalls in conceptions of autonomy, it must be through a similar process – searching for examples of autonomy within relationality at work’, that such an argument can be advanced (Reinmuth and Benjamin 2020: 105).

This recent body of writing elevates dependent, contingent, and relational practice over autonomy and personal artistry as a positive professional future. It suggests the conversion of the heteronomy problem identified by Larson (1993, 2004) into a virtue. It turns the relaxing of jurisdictions into a positive, something undoubtedly enabled by what Abbott (1988) identifies as the inherent fuzziness, rather than fixity, of jurisdictions as they reduce or disappear in workplaces through processes such as knowledge transfer and workplace assimilation. There are synergies between this body of writing by architects and wider academic theorizing on achieving new forms

of autonomy and authority within ‘connective’ rather than what are looked upon as outmoded ‘protective’ ways of working. Writing generally, rather than with specific reference to architects, Noordegraaf (2020) argues that shields of traditional ‘protective’ professionalism are being worn away to be replaced by ‘connective’ ways of working where control over expertise is formed relationally. Here, autonomy is ‘socially dependent’ and contested and authority is negotiated and navigated. Arguably, despite quests for autonomy, architecture has always been more ‘connective’ than ‘protective’ (Eyal in Adams et al. 2020). But architects as a profession are highly stratified and differentiated (Larson 1993; Adams et al. 2020). The figureheads we cited earlier are an elite (Stevens 2002) whose advice—explicitly or tacitly—addresses signature architects working on the design and production of iconic buildings. Whether they have more license to embrace the contingency and dependency that relationality occasions than architects working on buildings in the mass sector, such as residential facilities for later life, is an open question. Research too has focussed primarily on signature architects working on iconic buildings (e.g. Ewenstein and Whyte 2007; Styhre and Gluch 2009; Yaneva 2009a; Kornberger, Kreinera and Clegg 2011; Styhre 2011; Ahuja, Nikolova and Clegg 2017) (for exceptions, see Cuff 1991; Symes, Eley and Seidel 1995; Cohen et al. 2005; Sahin-Dikmen 2013; Bos-de Vos, Liefink and Lauche 2019) to the relative neglect of the numerically much larger body of architects working within their locality or region on domestic and functional buildings (Larson 2015; Jones 2016). Consequently, these architects may be inveigled towards more ‘connective’ or ‘relational’ ways of working with others from whom they have traditionally sought to ‘protect’ their jurisdictions, and so we know little about how, as Noordegraaf (2020: 211) expresses for professionals generally, they might ‘remain experts, autonomous, and authoritative in complex webs of relations’. We also lack knowledge of the consequences this may have for architects’ work and the buildings they design. We address these issues through the analysis of qualitative data collected as part of a wider study which sought to develop a sociological understanding of the practices of architects working on residential facilities for later life in the UK (<http://buildingsinthemaking.org.uk/>).

RESEARCH METHODS AND CONTEXT

Data collection

Our first stage of data collection involved 15 semi-structured interviews with architects in practices across Britain. They were drawn from a range of architectural

practices, sampled to achieve maximum variation to include those working in different sized firms with a range of clients, including large private sector care providers, local government, and charities/the third sector, building care homes, sheltered housing (SH), and independent living schemes (extra-care) for older people. In their own words, many practices specialized in ‘healthcare and dementia’, ‘extra-care’, ‘assisted living and care’, and ‘care homes’. In four instances, two or three people in the same practice were interviewed together, making 23 initial interviewees in total. This included two landscape architects (Interviewees 1 and 5). Since the therapeutic benefits of a well-designed, user-friendly external landscape are widely recognized (Chaudhury et al. 2018; Motealleh et al. 2019), landscape architects (whose professional membership body is the Landscape Institute) are part of many stakeholder constellations. They raised similar issues to the overall sample, but (as discussed later) drew specific attention to the vulnerability of external landscaping to cost cuts during a project. The majority of interviews (conducted by authors C.B., D.M., and S.N.) took place at respondent’s workplaces and lasted 90 min, on average. All were audio-recorded (with consent) and professionally transcribed verbatim. Participants were invited to talk through a project they were working on, asked what they try to achieve in the design of facilities, how they think about the persons they are designing for, and how they work with end-users, clients (owners, developers), building contractors, planners and others.

The second stage of data collection involved site-based ethnographic fieldwork. We draw on two of our nine case studies (conducted by authors C.B. and S.N.), selected for their contrasting contractual arrangements and associated stakeholder constellations. Access to the case studies was through the initial interviewees. Case study 3 (CS3), researched over 9 months, was a new-build Local Authority (City Council), 69 bed care home for people living with dementia under a complex ‘design and build-finance-operate’ contract (see below for an explanation of contract types), where a developer was appointed to finance the project and project manage its design and construction within the given time frame. Legally, the developer was the architects’ ‘ultimate client’, but after planning approval, their contract was novated to the contractor who then became their client. Case study 6 (CS6), researched over 16 months, was also a new-build care home, owned by a private limited company (the client). It had 46 en-suite rooms (described by the client as ‘specifically designed for those with dementia’), under a traditional contract, where the architectural practice was engaged to produce a detailed design and retained to oversee the construction process. Fieldnotes

captured direct observations of interaction and talk between architects and their stakeholders (e.g. in team meetings, walk-arounds at construction sites and inside buildings) and enabled us to explore how issues raised in interviews played out in real-life situations. An additional six interviews were undertaken during the ethnographic fieldwork, making a total of 21 interviews, involving 29 respondents, across the study. All interviews and fieldnotes were coded thematically (Braun and Clarke 2006) and data collection was refined in conjunction with ongoing analysis, aided by NVivo11. The research was funded by the Economic and Social Research Council (ESRC) of the UK. The authors’ University Research Ethics Committee gave ethical approval.

Conceptual model

As discussed earlier, our literature review points to potential tensions between ‘relational’ or ‘connective’ practices and the more personal guardianship of design for architects. Our conceptual model (see Fig. 1) was developed inductively from our data analysis to explore these potential tensions by addressing what we conceptualize as the twofold ‘practice modalities’ (how something happens, is done, or is experienced) of ‘autonomy and personal artistry’ and ‘dependency and contingency’ identified from architects’ accounts of their work with their key stakeholders, conceptualized along two cross-cutting axes of ‘virtual-embodied’ and ‘individual(s)-collective(s)’. At one end of the ‘virtual-embodied’ axis, ‘virtual’ stakeholders are abstractions. In the context of our analysis, ‘virtual’ refers not to interactions in simulated or virtual online environments, but rather to persons who tend to lack a physical presence ‘in the flesh’. At the other extreme of the axis, ‘embodied’ stakeholders have a more evident physical presence in the architect’s work. The ‘individual(s)-collective(s)’ axis conveys how, in the course of their work, architects more often experience stakeholders as individuals or as a collective (or collectives) of stakeholders.

We should emphasize that these concepts are used heuristically. Our intention was not to plot or place stakeholders formulaically on these cross-cutting axes, but rather to use them as sensitizing concepts to orient the analysis.

Through our analysis, we show how architects working on UK facilities for later life more commonly encounter facility end-users (residents, staff) in virtual than in embodied (tangible, visible) form, and as collectives rather than as individuals (i.e. as ‘virtual collectives’). By comparison, stakeholders such as clients (owners, developers), building contractors, and planners are experienced more often in embodied than virtual form, and

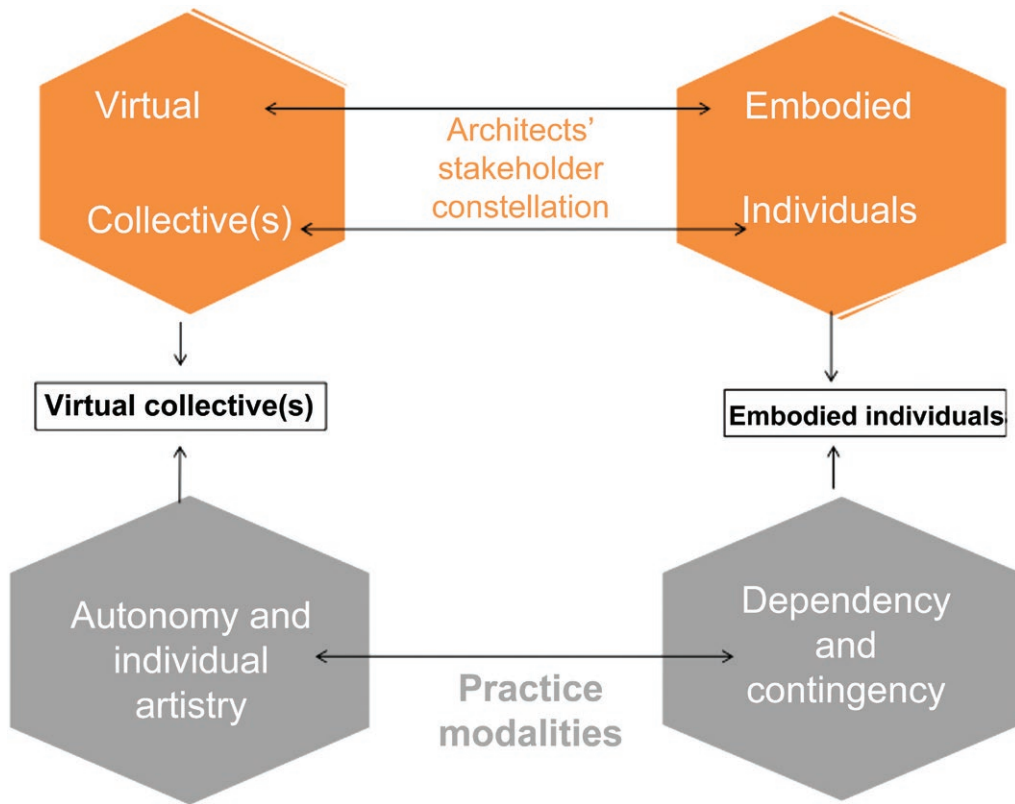


Figure 1. Conceptual model.

as individuals rather than as collectives (i.e. as ‘embodied individuals’). We use the terms ‘more commonly’ and ‘more often’ advisedly. As we show in our findings, the depiction of specific sets of stakeholders as ‘embodied individuals’ or as ‘virtual collectives’ reflects recurrent patterns in our data, but it is not absolute. Less commonly, there are occasions in the course of architects’ work where they can experience stakeholders differently. We show that ‘embodied individuals’ are associated with the practice modality of ‘dependency and contingency’, whereas ‘virtual collectives’ enable a practice modality of ‘autonomy and personal artistry’. However, crucially, we show that ‘embodied individuals’ and ‘virtual collectives’ are mutually informing (rather than independent); they bear on each other during the architect’s work. Hence, their intersections bring architects’ practices into effect.

FINDINGS

Context: navigating and negotiating with multiple stakeholders

UK care facilities for later life are characterized by multi-user design complexity and an intricate regulatory

context (Kim and McCuskey Shepley 1980; Nettleton, Buse and Martin 2018). They are subject to the National Minimum Standards for Care Homes (DoH 2003) which are regulated and monitored by the Care Quality Commission (CQC 2015) under the Health and Social Care Act 2008. The 38 detailed Standards ensure that facilities meet the needs, and secure the welfare, of residents. They include *inter alia* eight regulations on ‘the environment’, including conditions for the layout and size of communal space (such as dining and recreation) and bedrooms of at least 4.1 sq metres and at least 12 sq metres of floor space, respectively, together with conditions for heating, lighting and ventilation and other elements. Facilities must also comply with general statutory building regulations on aspects such as energy efficiency, fire safety, and structural design and loading (H. M. Government 2015).¹ For UK care homes, the non-statutory Stirling (Scotland) Dementia Services Design Centre (DSDC) evidence-based design guidance (colloquially, the ‘Stirling Standards’) (e.g. Palmer, Wallace and Hutchinson 2021) is a reference point. The guidance is intended to help designers grasp the visual, cognitive, and sensory needs of persons with dementia through advice

on features like building layout and navigation, colour/tonal contrast, fixtures and fittings, acoustics, and lighting (post-occupancy, facility owners can seek DSDC building design accreditation). The importance of facility design for residents' quality of life and well-being, as contained in statutory regulations and non-statutory practice guidelines, finds support in an established international research literature emphasizing the value of features such as small living unit sizes, open and connected spatial layouts, and a 'homelike' ambient character for residents living with dementia (Fleming et al. 2016; Chaudhury et al. 2018; Ferdous 2020). As we show in the findings section, although respondents strove to meet these (and other) non-statutory recommendations, they could be constrained by the expectations of various stakeholders (see also Davis, Fleming and Marshall 2009; Lewis 2015a).

The RIBA (2013) Plan of Work, which is used to organize the process of briefing, designing, constructing and operating building projects, outlines key 'project roles' including the client, architect, building services engineer, civil and structural engineer, construction lead, and health and safety advisor. Input from planning, landscaping, interior design, fire safety experts, and others is also indicated, with the actual team composition varying by project scope and contract type. As explained earlier, our focus is on how architects navigate the stakeholder constellation that they work within. In our analysis, we focus on their experience of four principal groups: clients (owners, developers), building contractors, Local Authority planning officers (hereafter, planners), and end-users (principally residents and staff), although others appear alongside them in the case study fieldnote extracts.

Research depicts architects as the 'dominant actors' and 'vigilant custodians' of a design (Ahuja, Nikolova and Clegg 2017: 12, 9) who, as 'a nexus between a variety of stakeholders' (Styhre 2011: 260) 'orchestrate' (Loxterkamp and Snider 2015) and 'juggle' competing demands and interests (Latour and Yaneva 2008: 84). Echoing Noordegraaf's (2020: 2018) wider proposition that today's 'connective' professionals need to be 'experts in relating themselves to others', our respondents depicted their role as all-encompassing as they operate as the 'communicator, mind reader, arbitrator, lateral thinker' who pulls things together (Interviewee 20). Thus,

if there's one of the numerous stakeholders that maybe isn't quite as up to speed as they should be, you can make sure you will fill that gap almost. You shouldn't have to, but you do, it happens all the time... If you're doing your job properly, the knowledge that will bring everybody together will create the

physical environment that will allow everyone to do what they should be doing as successfully as possible. (Interviewee 17)

However, responsibilities can blur as too many cooks spoil the proverbial broth, or end product (the building). Many were sanguine about this. Thus, when managing different opinions, 'sometimes you just roll your eyes; bite your lip' (Interviewee 6). The design brief, which gets 'shaped and changed' along the way, is the 'node point' (Interviewee 16) around which architects orchestrate conversations amongst stakeholders, aiming to reach consensus at critical junctures. A touchstone through time, the brief is the tangible siting of architects' skill and potential leverage in what can become a tense and conflicted process. It needs to be specific enough to ward off unwelcome changes introduced by others along the way, but is not unassailable given the contingencies of the build process. Consequently, what is designed initially and what is delivered

are miles apart... You are always proud of what you design... and all the way along the planning, cost control, and construction, everything has been chipped away... So what you get at the end is always a watered-down version of what you originally designed. (Interviewee 2)

Since architecture is always 'in the making' (Latour and Yaneva 2008: 197; Yaneva 2009a,b) and architects move between the competing and conflicting expectations of their clients and different stakeholders who influence design and construction, the experiences described above are commonplace to any project and mostly unavoidable. As a respondent explained, 'there's so many variables that can make it [a project] so difficult and problematic that it's endlessly interesting and fascinating. To say here's a project that went from A to B smoothly is never the case'. (Interviewee 5). However, respondents still expressed pride in what they had been able to achieve. This is the environment within which architects manage their work within the key stakeholder constellation (Buse, Nettleton and Martin 2018).

Virtual collectives: building end-users

It is telling that end-users chiefly appear in the RIBA Plan of Work (RIBA 2013) with reference to feedback during the final Handover and Close Out and In Use phases of a building. The seeming disinclination to make users central from project inception and throughout has drawn criticism from within the profession (Hill 2001, 2003; Till 2013; Lewis 2015b; Boys 2016) and externally (Imrie

and Street 2014). The term ‘end-user’ is a contested and sometimes catch-all term, variously employed by writers. Lefebvre (1991: 362) opined that ‘user (usager) [...] has something vague – and vaguely suspect – about it’. He sensed that architects’ abstraction of the user was deliberate, intended to silence and marginalize their use of space. End-users are rarely featured in discussions during CS6 site meetings or in CS3 project and design review discussions. In interviews, respondents tended to speak about residents and staff only when prompted, although at that point, most agreed that, ‘for me, and probably most architects, the end-user is probably the most important person’ (Interviewee 11). In extra-care/independent living—especially where a facility is undergoing refurbishment and residents may eventually move back in—architects may have direct contact with ‘embodied individuals’, such as in a walk-round with a ‘gentleman who was resident on the unit when I was doing familiarisation of the place’ (Interviewee 7) and in group consultations with ‘embodied collectives’, such as local residents. However, and especially where new build are homes were concerned, resident and staff expectations and needs were far more likely to be gleaned by proxy than through direct engagement, at least until close to completion and building handover. For example, in CS6, the recently appointed care home manager had a degree of input into decisions about staff-facing facilities, such as the laundry and staffroom (although, in effect, major decisions, such as about room size and citing of windows, had been made some time ago).

We were told that as bidding contracts have become more competitive (and control moves progressively away from architects towards clients), end-user input has become filtered through others, causing ‘disengagement between ourselves and the end-users’ (Interviewee 19). Respondents felt that the tendency of facility owners to avoid engaging with end-users was primarily cost-driven. However, it also reflected a desire to side-step end-users’ tendency to draw architects ‘into the minutiae of small things and fixate on them at an early stage when things are still in flux’ and thereby to lay down things that may not actually be deliverable (Interviewee 16). As found elsewhere (Grosz 2001), where direct, embodied, user engagement did occur, this tended to be post-occupancy, such as during defects inspections, where staff might identify things to be set right. Elsewise, it might be ‘for lessons learned... that we can apply to the next scheme, rather than saying to someone, this is a new home here, you’re going to live here, because they might not be’ (Interviewee 8). The imperative is ‘might not be’. Since resident mortality rates are high and development timeframes for both new builds

and refurbishments are often long, embodied users are often many years in the future. Not knowing who’s going to be moving out and back in means that being too specific can be a drawback and a reason why ‘the design gets dumbed down to the point where it can be just sort of generic’ (Interviewee 1).

Strategies to invoke and evoke end-users

Respondents found ways of offsetting the challenges of designing for an undifferentiated, virtual (and frequently future-oriented) collective of end-users (see also Boys 2016). For example, they made use of published materials, although one respondent described this as akin to ‘reading a book and thinking you know something about Mars, but you’ve never been to Mars!’ (Interviewee 1). However, they emphasized the value of experiential knowledge and sought to simulate this by empathetic work, such as drawing on the experiences of their own older relatives and trying to put themselves into residents’ shoes (Buse et al. 2017). The latter occurred in CS6 where, on a site tour about 8 months pre-completion, the architect envisioned the sunshine that would flow into the building in the afternoons and the views afforded to the outside for residents, remarking ‘there’s not much of a view’, but there is ‘some action to watch in terms of traffic’. This, and other stratagems, enabled a proto-embodied feel for end-users by proxy (making them somewhat easier to design for). However, architects are stymied by the self-same intractability of users’ virtual and collective status. Segmenting residents generationally helped to ease, although not to overcome, this design challenge. On the premise that dignity is the most important thing for older people, an architect explained the challenge of designing simultaneously for different generations:

You’ve got a generation of [age] 85 who lived through the War, hard times ... they don’t complain about anything and they are quite happy. Anything you do for them is too much - you’ll ask them a question and they’ll answer with what you want to hear. They don’t want much. Closely behind them is the baby-boom generation who are 60 I’d say, who have retired, got a bit of money and they’re actually... they were born after the War so haven’t experienced the hardships of war. They’ve had a very good quality of life, moments cruising around the world maybe. They are a want generation; ‘I want this, I want that’. I will be designing for them in the next few years and it is very, very hard because they are going to want what nobody can provide. You know, they’ll complain and they’ll be a demanding generation and there is massive difference between the two. (Interviewee 2)

Based on a nursing home for the ‘frail elderly’ and people with learning disabilities (amongst other buildings), Imrie and Street found that architects’ preference for euphemisms such as ‘user’ and ‘occupier’ to the neglect of actual living, human beings forecloses the capacity to see space as emergent, ‘never complete, and never perfect’ (2014: 730). Our data suggest somewhat differently that the trope of the virtualized, collective of ‘users’ is intrinsic to architects’ attempts precisely to *deal with* the futurity of space *as* emergent in the context of facilities for later life. CS3 was revealing in this respect. The facility was being built on the site of an existing care home (empty and due for demolition), adjacent to a small complex of SH flats. The SH residents (and other local residents) were invited to a public consultation to learn about the build (including landscaping) and to raise any concerns (the ultimate client, the Local Authority, expected this). The reaction of SH residents was twofold: a wish (by some) to engage with the eventual facility, such as doing some gardening or using the potential shop/coffee shop, coupled with concerns about boundaries, overlooking of their properties, and the fate of trees. The developer, in turn, wanted to build as much flexibility as possible into the facility design so that it had the potential for conversion into SH in the future. This points to connections between user engagement by proxy—this ‘embodied collective’ of SH residents were unlikely to be actual residents, but, since they were of a similar age, they might imagine what kind of facilities and bedroom design would be preferred—futurity and flexibility when working with ‘virtual collectives’ (alongside ‘embodied individuals’, as discussed below).

This discussion of the futurity of occupancy broadly compliments architect Hill’s (2001, 2013) depiction of building users. Drawing on Lefebvre (1991), he identifies three types: ‘creative users’, who are unpredictable and threaten the architect’s status and authorship; ‘passive users’ (the architect’s preference) who are consistent, predictable, and apt to transform neither the use nor the meaning of space; and the (newer) ‘reactive user’ who extends the architect’s control into the future by providing flexibility, but within the bounds of a narrow and predictable range of largely architect-defined configurations. Emphasis on the flexibility and modifiability of space for future use—which, for our respondents (and their clients) was essential for a facility’s longevity and an environment conducive to residents’ quality of life—conjures this third type while also making apparent that architects’ relationships with users are mediated by relationships within the stakeholder constellation. Returning to Lefebvre’s (1991) misgivings, in our study, the virtualization and collectivization of the end-user

(virtual collectives) result less from intentional silencing and more from a lack of direct sustained engagement with them for contractual reasons and the futurity of occupancy. Ostensibly, this enables a practice modality of ‘autonomy and personal artistry’, since (self-evidently) architects cannot be beholden to virtual collectives of end-users who literally do not exist (or are positioned as such by others). However, we have seen that it does not necessarily ease their job, as witnessed by their often less than successful efforts to embody the virtual user and in their segmentation of putative collectives to make them more knowable and designable-for. In this discussion, we have begun to point to the compound pressures that can arise from architects’ engagement with end-user ‘virtual communities’ amid their *contemporaneous* interactions with ‘embodied individuals’, such as architects’ clients, planners, and building contractors, since stratagems for meeting end-user needs are heavily informed by their expectations, as we now go on to discuss.

Embodied individuals: clients, planners, and building contractors

Britain seriously struggles to meet its residential later life care needs. Local Authorities provide for people with assets below a financial threshold, but care facilities often are commissioned from independent (for-profit and charitable) providers, which cover approximately 95% of the sector, with around 5,000 different providers and 11,300 care homes (CAM 2017). The sector, which is dominated by small- and medium-sized providers with a portfolio of three or less care homes (the four big providers² supply only 15% of total beds) (House of Commons 2018), such as those researched here, faces problems of sustainability arising from cost pressures of wage bills and low fee rates for residents subsidized by the Local Authority (CAM 2017).

Contractual arrangements involving architects operate within this context. In the most straightforward scenario of the ‘traditional’ contract, clients (owners, developers) employ an architect to develop a design and, once a contractor is appointed, to manage construction and mediate with the contractor on their behalf (as in CS6 where the architect’s client is the care provider) through to completion. Since the entry of developers and construction companies in the sector in the 1980s, ‘design and build’ contracts are increasingly common (Bos-de Vos, Liefink and Lauche 2019).³ In design and build, clients contract with architects for the initial design and then novate the building process to a construction company (which may or may not then employ the original design architect), fostering a split between ‘design’ and ‘delivery’ architects (Jolliffe and Crosby 2023). Arrangements are further

complicated where the ‘ultimate client’, such as a Local Authority, commissions a developer (with a project manager), who assumes the financial risk, to represent them by working with a facility provider (also a client from the architect’s perspective) and other stakeholders, such as building contractors (as in CS3). This is referred to as ‘design-build-finance-operate’. For a client, the attraction of design and build is a maximum guaranteed price (cost per unit area/gross internal area, for example), and that any cost extensions are borne by the contractor/developer (Symes, Eley and Seidel 1995). Design and build commonly incorporate ‘value engineering’; that is, increasing a building’s value by retaining its basic function (linked to its defined lifespan), while eliminating unwanted or unnecessary costs. Materials, equipment, and building processes are reviewed for cost-effective solutions. Existing literature associates design and build with architects’ loss of autonomy, skill erosion, and forfeiture of design quality as influence tends to shift to the building contractor (Ahuja, Nikolova and Clegg 2017; Frimpong and Dansoh 2018; Jolliffe and Crosby 2023). The architect in CS6 associated the fire that had broken out in the Grenfell Tower residential block in London a couple of weeks before the fieldwork at this site began, causing 72 known deaths,⁴ with this contract type. Chatting while waiting for a site meeting to start, he reflected that the fire happened because ‘in the past, the architect used to be in control, but now, with design and build, they work for the contractor, who can sneak in cheap alternatives’ (Fieldnotes 29.2.17).

Negotiating and adjusting

Working with clients

Our respondents reserved the term ‘client’ to refer to the person they were employed by, such as the facility owner/operator (private company, voluntary/charity organization, Local Government/City Council). This was straightforward in CS6; the architects’ client was the facility owner. But the client can also be multiple, especially in intricate ‘design and build’ contracts, as illustrated earlier in the case of CS3. Here, the ultimate client was the City Council, but a developer was appointed to oversee the project and, after planning approval, the contract was novated to the contractor who effectively became the architects’ client.

Respondents could be frustrated when clients had different ways of doing things to themselves. For instance, interviewee 17 discussed an unduly risk-averse client who wanted handrails in corridors, something he considered outmoded and unduly ‘institutional’ for an extra-care housing scheme where, as he put it, the priority is designing for independence. Instead, he favoured designing

‘little stopping points’ along key routes for frail residents using walking sticks or wheelchairs. They were also vexed by late-stage changes, such as when, 2 months before completion, a client asked

Can we change this to be a double-height space? And we’re thinking, Uh? And it had concrete floors over it, so we had to chop the concrete floors out...change the glazing on the front of the building. (Interviewee 6)

While the architects respected a client’s need to be ‘hard-nosed’ in striving for a commercially viable design, they could be disquieted by manifestly cost-led decisions. Thus, one lamented how, in the course of a build, ‘things get chopped down throughout... narrowed down to basics... You can start out with grand plans and schemes and ideas, but the building tends to end up very much just a chunk for cost reasons’ (Interviewee 1). Impacts on end-users were especially concerning, such as a care home group one architect knew of which, they said, designed rooms to Minimum Standards in order to

cram as many in as they can, get as many residents in as they can. But they will have luxury carpets, really nice wallpaper, best tiles, really nice taps, so you get the impression... ‘Oh, this is a really nice luxurious space, because there’s nice finishes’, which overshadows the fact that the room is actually to minimum standard. (Interviewee 8)

In accordance with non-statutory best practice guidance (Palmer, Wallace and Hutchinson 2021) and their familiarity with research evidence, architects who expressed a preference favoured ‘homelike’ spaces with ‘human scales’ akin to their idea of end-users’ former personal homes. They also spoke positively of clients who, for a combination of resident well-being and future-proofing reasons, wanted bedroom floor spaces in excess of the statutory 12 sq metres for care homes (DoH 2003). Even so, the total number of bedrooms and their design into living units (number per unit) could be contentious. With the financial bottom line a priority, clients could require total room numbers and/or unit sizes that respondents considered too large for end-user well-being. For example, one explained that based on his client’s ‘business aspirations’ (which he respected), ‘we are providing accommodation and designs in accordance with what they need to achieve in order to a) fill the beds and b) get CQC registered, and also to try and *better it* in terms of design generally. So we’re trying to push the boundaries where we can’ (Interviewee 18).

A 'hotel-style' design aesthetic conflicted with the homely, domestic preferences:

...they've got all the plush furniture in the lobby and all this and that. Not that the person with dementia is ever going to see that lobby except the day they arrive...It goes against the grain of wanting to be a home for people. [There may be a] reminiscence room or there'll be a coat rack with hats and scarves and all this stuff, and it's a stage set; they're props, but they don't actually use them...it's there so that when they walk a family member around. (Interviewee 1)

Many considered hotel-style a marketing device intended to attract end-users' families (who typically make the decision about residency). While a bistro and cinema were positives, helping to encourage the local community into a facility, respondents were clear that hotels are not places of residence, but temporary abodes, from which, as one put it, at the end of a stay, people are usually really pleased to get home from (Interviewee 5). Luxurious day spaces could be focussed on the neglect of the bedroom which 'is the core because it's your home at the end of the day' (Interviewee 6).

Yet, as one explained, even though 'you'll often have an architect arguing with a client about one thing or another', ultimately a client's need to make compromises means that architects must too (Interviewee 18). Consequently, in 'providing a service', 'you continuously find yourself doing things that you know you don't want to be doing'. 'Educating', 'giving people knowledge', and 'trying to make them see what could be done' (Interviewees 4, 18, 19) were ways of coaching clients to better meet residents' needs and architects' preferences. Nevertheless, most respondents recognized the potential need to concede. For example, 'a lot of it will be about educating the client, but some things you just have to accept that you can't educate the client for'. After explaining her strong preference for a 10-bed wing, this interviewee said,

it doesn't work for them [the client] operationally. I believe it means that they have a surplus of staff in effect. I think it means that at night they still have to employ say a person per wing, whereas...they may only need one person per 20-bed wing, whereas the way our design is, it's forcing them to have two people per 20 beds because it's two wings. Whereas, if we could manage to do this Y-shape configuration, then they probably could get away with having lesser numbers of staff, and obviously the more staff they have, paying the wages, that reduces the cost effectiveness. (Interviewee 4)

This suggests a susceptibility to 'client capture', or the ability of clients 'to control the activities, timing and control of professional work' (Leicht and Fennell 2001: 106). As Gunz and Gunz (2008) argue, although client capture has the potential to compromise work standards by giving clients what they *want* rather than what they *ought* to have, it is not necessarily negative. To our knowledge, client capture has not been applied to architects' work. Client capture is forged in and shaped by complex interactional contexts (Dinovitier, Gunz and Gunz 2014), such as in our study, where professionals fall under a range of influences. It is an iterative process of resistance and acquiescence that extends through time during often lengthy builds. Conceptualized in this way, client capture can be thought of as an inevitable and (for most) largely accepted part of architects' work. As the foregoing shows, respondents lamented the compromises they have to make, but also recognized that judgements are routinely open to debate, struggled over, and agreed (or acquiesced to) amongst stakeholders as an inevitability.

Situations where architects seemed to override client preferences were rare. For example, the colour of an internal lift became an issue in CS6. The client (facility owner) preferred 'something warm' and painted, while the architect favoured stainless steel, which he said was also the interior designer's preference. Although the conversation was good-humoured, the architect had the final say, remarking that he was 'not going back' on his decision (Fieldnotes 12.01.17). They returned to the lift colour at the next meeting (when the client happened to be absent) during a review of the 'information required schedule'. The Contracts Manager asked, 'were we going for stainless steel?' The architect responded, 'I think we are going for stainless steel', continuing, 'I think (client name) has been a bit badgered over this'. The contractor's Managing Director added that he also preferred stainless steel, remarking that 'paint looks a cheaper finish'. The architect summarized the discussion saying, 'I don't think he'll [client name] notice' the change and that it would not be mentioned in the meeting minutes (Fieldnotes 16.2.17). The architect, client, and contractors in CS6 had worked together successfully (and amicably, it would seem) for approximately 10 years, which probably contributed to a degree of give and take when decisions were made. Speaking more generally, the same architect expressed the value of his expertise, specifically referencing end-user needs:

I probably know better how to deliver a care home than many of the clients I work with, because I do have a lot of knowledge built up over the years, knowing how they work, how staffing ratios work, how things

can change so you need flexibility. All of those things, sort of, they just come to you over the years and you can bring them to the fore whenever you need to [...] The way you deliver the building primarily must be for the benefit of the residents and the people who work in that home. (Interviewee 20)

In sum, though architects may balk at a client's design decisions where they fail fully to meet the needs of the 'virtual community' of end-users, and some may feel that they know best how to achieve this, they nonetheless concede that decisions almost inevitably flow from financial imperatives and a client's need to economically future-proof facilities. Consequently, they tend to accept—albeit with varying degrees of reluctance—the dependency and contingency involved in working around clients' decisions and the possible drawbacks for end-users.

Working with planners and contractors

By contrast, the architects tended to disparage planners, both collectively and individually, for actively introducing 'totally unnecessary' contingencies into their practice and for generating dependency (albeit not necessarily intentionally). There has been a tendency to depict architects and planners as inhabiting hard-baked, antagonistic 'lifeworlds of practice' (Mayo 1999) arising from the focus of the former on the *product* (the building) and particular interests (the client) and the latter on *process* (regulations, codes, rules) and public interest. However, planners are not simply inhibitors, but 'part of a matrix of relations' in the life of a building project (Imrie and Street 2009: 2509). Over time, architects in the UK have become detached from the planning process and negotiations with Local Authorities as quantity surveyors have assumed this role (Jolliffe and Crosby 2023), but this remained pertinent to our respondents who felt that planning decisions depended less on consistent and rational judgment and more on a committee's geographic location or whoever happened to sign-off a plan. This was exacerbated by planners coming and going over the course of building projects (which could extend over years), which meant the process had to be started anew. In a CS6 site meeting an architect said that he had

met someone involved in the Planning Committee who used to work for Nick Clegg [a former Liberal Democrat Party Politician]. He says he wanted to say to him, he's fed up with people on planning committees who waste time on decisions. He says that planning committee business is 'highly political' – sometimes it will be in a Liberal area, and all the Labour people will object. (Fieldnotes, 16.2.17)

In the previous meeting, the contractor had wanted to settle a date for his team to be 'on site', remarking that, after you submit your plans, sometimes you 'don't hear anything' from Planning 'for three weeks, and then have to start chasing them.' Those present agreed that the process needed to start without delay, particularly given that, as the architect put it (and the contractor agreed), 'if there's a good relationship with the planner', you can get it back in a fortnight (Fieldnotes 12.01.17). Planners were judged as 'good' when they supported architects' plans and/or they had forged a positive working relationship with them, which contrasted with the unreasonableness of others who caused problems by capriciousness and whimsical decisions, by being 'a law unto themselves', or even 'bonkers' (Interviewee 6 and Fieldnotes). They spoke of imprudent decisions, such as a planner who acceded to local residents' dislike of a regular bin store which meant a re-design to fashion an underground feature from which the bin 'popped' up and down on refuse collection days, adding six extra months to the project (Interviewee 2). Contingencies brought into being by planners (embodied individuals) like this matter since they have material consequences for end-users (virtual collectives), whose interests architects evoke in counter-argument. For example, a respondent spoke of a planner who, when concerned about the external appearance of a care home in an 'upscale' neighbourhood, requested symmetrical windows. This led to some windows being too small to see out of and a door that had to be permanently closed to the exterior. This, they said, caused distress for residents who could see, but not open, the door (Interviewee 1). Interviewee 11 discussed a planner who wanted very expensive roof slates because the facility was adjacent to a listed building. This ate into the client's budget to the extent that the architect had to compromise on the internal stairs, meaning no money was left for outside landscaping; again, something felt to be important for end-users.

While respondents expressed frustration over planners' caprice, especially when this obstructed their capacity to deliver the best possible building for the client and end-users, their most critical judgements were reserved for building contractors (especially in design and build contracts where they have the potential to become the architect's employer, as in the contract for CS3, as related earlier). Interviewee 3 remarked that contractors are inclined to cut corners at every opportunity because 'it's in the blood, [they] can't stop themselves'. As a landscape architect deftly put it, 'a contractor can really mar a project or really make it' (Interviewee 5). Where it was made explicit, respondents' preferred form of contract was always the traditional type, where the contractor 'has to

build what we design, which is the way things should be done' (Interviewee 4). This recollects our earlier discussion of the design brief as the tangible siting of an architect's skill and leverage when design difficulties arise. In design and build, the architect's leverage can be slight since, oftentimes, the brief contains minimal detail on the design specification, leaving it vulnerable to changes, which the architect may not like, later on. Design and build contracts may go out to tender based on planning permission drawings alone (an outline specification). When this happens,

there's relatively little for the contractor to price on. It gives him more scope then, because if we haven't specified the type of brick – we just say red brick – he can get away with any brick he wants, so long as it's red. So the risk is the design quality can suffer. (Interviewee 8)

The outwardly obvious solution is to build detail into the brief, but design and build contracts make this difficult. For example, the type of bricks for external walls was a running issue in CS3. In a team meeting (Fieldnotes 11.4.16) within the architect's practice, a senior architect explained that the budget was 'something stupid like £200 for a thousand [bricks]...do you realise that just normal clay bricks are £450/500 for a thousand?' So the practice was told they could only have one type of brick (clay) and 'can't do fancy stuff'. A proposed workaround was to introduce a variegated design with the bricklayer either raking the joint out or trowelling it flush. However, when the project architect explained that this may incur extra costs at a full design team meeting (involving the architects, developer, construction company, and care provider) a couple of weeks later, the contractor retorted, 'who did you talk to?' The design and build manager agreed; pulling a line of bricks out 10 ml will cost more. Indeed, he continued, 'anything that steps away from the ordinary will add cost' (Fieldnotes 10.5.16).

Even when respondents were able to pin designs down to their satisfaction, this was not necessarily sufficient to protect original designs because decisions can very easily go *off-brief* (especially when the design architect is novated to the contractor in the build phase). The following is characteristic of numerous examples of this in both traditional and design and build contracts. The architect (Interviewee 14) explained that they try to 'nail down' the specification with the client, rather than allow the contractor ownership and interpretation, 'so there's no negotiation, if you like'. However, what they actually draw (and is accepted and signed-off by the client) 'isn't always the scheme that the contractors then really want

to deliver!' The 'black and white', or clear-cut, elements are delivered, albeit to fit with the contractor's budget. Other things can get 'tailed back and reduced down', such as interior finishes. Others remarked upon materials substitution, such as window specifications which changed from composite (mixture of synthetic and natural materials) to unplasticized polyvinyl chloride. This may not seem impactful, but to lend a 'particular aesthetic' the facility concerned had been designed to allow plentiful daylight and generous opening windows, different to the 'standard kind of poky, small windows you get in generic kind of care homes' (Interviewee 16). The landscape architect quoted earlier (Interviewee 5) referenced the substitution of cheaper topsoil for compost to illustrate the negatives of value engineering. They explained, 'we ended up with a very inferior product and myself and the contractor barely speaking to each other. Whether the plants actually survived the top soil, I have no idea' (Interviewee 5). Recollecting our earlier discussion of the association between the number of bedrooms and financial return, another respondent remarked that as you 'get closer to the costings and the value engineering, then they'll say "well, we'd better do away with" those common spaces, such as an activity room, and "add two bedrooms"' (Interviewee 1). This instantiates the wider concern that designs can be especially vulnerable in design and build contracts, moving away from best practices (e.g. Palmer, Wallace and Hutchinson 2021) and potentially compromising resident end-users' quality of life. These illustrations show that although architects may try, and sometimes succeed, they cannot preclude the contingency that seems ingrained (as they see it) into work with contractors, something which is heightened in 'design and build' contracts. It also points to the potential for 'client capture' (Leicht and Fennell 2001), especially in design and build contracts. Here, the contractor is not necessarily the architect's 'client' (as they used this term), but there are contexts where, as the 'purchaser' (or one of the purchasers) of their work they have the capacity to direct (or try to direct) designs in ways that architects find undesirable.

Respondents typically voiced their attempts to manage the practice modality of dependency and contingency in the name of the 'ultimate client' (such as the facility owner or operator). Although, their relationships with clients are characterized similarly by contingency, this usually pales in comparison to relationships with contractors. Notably, contractors were not referred to as 'clients'. Even in design and build, where an architect's contract may be novated to the contractor, our respondents reserved this expression for the 'ultimate client' (such as a Local Authority or facility owner/company). Since respondents purported

to put end-users at the heart of all they do, it is logical that they also drew them to the fore when discussing restrictions on personal design artistry. Here again, we observe how the practice modalities of ‘dependency and contingency’ and ‘autonomy and personal artistry’ bear on each other for architects as, in this instance, ‘virtual collectives’ of end-users are evoked in attempts to authorize alternative and preferable working relationships with contractors as ‘embodied individuals’.

DISCUSSION AND CONCLUSION

In recent years, authors from the higher echelons of the profession of architecture have portrayed dependent, contingent, and relational practice as a positive professional future for practising architects (see e.g. Till 2013; Ahuja, Nikolova and Clegg 2017; Reinmuth 2017; Reinmuth and Benjamin 2020). The corollary is an aversion to quests for autonomy, singular authority, and control of building design through the protection of jurisdictions. There are similarities between this formulation and wider academic theorizing within the social sciences about the potential for new forms of autonomy and authority to be negotiated and navigated through ‘connective’ or ‘relational’ professionalism (Noordegraaf 2020; Noordegraaf and Brock 2021), as a positive substitute for traditionally ‘protective’ ways of working by guarding jurisdictional boundaries. From this perspective, professionalism resides less ‘in’ professionals and professional acts, and more ‘in-between’ professionals, clients/cases, and stakeholders, in wider social domains’ (Noordegraaf 2020: 220, emphasis added). In this environment, maintaining ‘knowledgeable’, ‘autonomous’, and ‘authoritative’ practice rests on ‘the ability to navigate relations, get wired in, understand social experiences, navigate risks, and gain respect’ (Noordegraaf 2020: 219, emphasis in original).

The profession of architecture is a noteworthy—perhaps even archetypal—case with which to explore this form of ‘connective professionalism’ because, arguably, it has always been more ‘connective’ than ‘protective’ (Eyal in Adams et al. 2020). For decades, overlapping occupations (e.g. developers and contractors) have limited social closure for architects, necessitating relational working within a constellation where various stakeholders with interests which may not always align, can jostle for influence over building design. As a profession, architecture is highly stratified, both horizontally (e.g. residential, commercial, industrial, educational, and healthcare buildings) and vertically (signature architects relative to the rest of the profession). Our study specifically focussed on UK architects in the mass sector working on the design and construction of residential

facilities for later life. An analysis of how autonomy and the exercise of authority materialize relationally during the work of architects, and the consequences this can have for design, requires a way of conceptualizing the key stakeholders that architects work alongside as a constellation (rather than as separate sets of relationships). Through our analysis, we developed a conceptual model for the exploration of what we refer to as architects’ ‘practice modalities’ (how something happens, is done, or is experienced), according to their engagement with key stakeholders based on two cross-cutting analytic continua of ‘virtual-embodied’ and ‘individual(s)-collective(s)’. We found that architects primarily encountered end-users (residents/future residents and staff/future staff) as ‘virtual collectives’ and clients (facility owners), planners and contractors as ‘embodied individuals’. The analysis showed that relatively speaking, ‘virtual collectives’ facilitated a practice modality of ‘autonomy and personal artistry’, while ‘embodied individuals’ fostered a practice modality of ‘dependency and contingency’. Through our model, we depict ‘autonomy and personal artistry’ and ‘contingency and dependency’ as *coexisting*, rather than independent, practice modalities. We suggest that the decisions made by architects in the design of a facility are brought into effect as they navigate their intricate, and sometimes contested, practice environment as they work with, and for, stakeholders. Accordingly, we found that the expectations of ‘embodied individuals’, such as facility owners (clients) and contractors, could exceed straightforward influence on how architects engaged with end-users (residents, staff) by actively figuring in their conversion *into* ‘virtual collectives’, making them hard to design for in the process. The architects employed various strategies in efforts to counteract this, such as by positioning end-users as a proto-embodied presence. In turn, they summonsed ‘virtual collectives’ of end-users to authorize alternative decisions to those put forward by ‘embodied individuals’ (such as contractors and clients), thereby managing the modality of ‘contingency and dependency’ by evoking (though not always actually achieving) autonomy and personal design artistry within the stakeholder constellation. These strategies exemplify the complexities of relational working as the architects in our study sought to draw the interests of end-users and clients and contractors into alignment, although, as we have shown, this could mean compromises.

Our account of the (co-existing) practice modalities of ‘autonomy and personal artistry’ and ‘dependency and contingency’ and their consequences for design was developed inductively from our analysis of architects’ experience of their stakeholders on the ‘virtual-embodied’

and ‘individual-collective’ axes in designing facilities for later life. Design decisions arose ‘relationally’ from within sometimes competing and conflicting expectations of different stakeholders. This often furthered divergence between an original design and the building that was finally delivered for use. In turn, this meant that ultimate design decisions were not always what architects preferred and end-user needs could be suboptimal (from the architect’s perspective). Architect and design activist [Jos Boys \(2020\)](#) inveigles architects and others to cast simplistic binary understandings of marginalized end-users, such as able/disabled—and, we add, by extension, older/younger people—aside in favour of a ‘relational framing’ (2020: 71) where recombinant abilities and disabilities are formed in the interplay between various stakeholders in the design of space. Our research has revealed the risks that arise when ‘embodied individuals’ (facility owners, contractors, developers) deputize for the voice of eventual users (residents, staff), resulting in an often abstracted understanding of their physical and emotional needs. Consultation with end-users generally does not happen unless the client (facility owner, developer) allocates sufficient time and resources to it and, even when it does occur, tends to be too late in the process for them to shape the design ([Buse, Nettleton and Martin 2018](#)). Although it is unlikely to be achieved easily, given the often competing interests within the stakeholder constellation, designs are more likely to fulfil user needs when a shared vision and values across the design and construction team are embedded in the design brief and developed through regular and open communication between those working on a project.

As Latour and Yaneva relate, ‘everyone knows that a building is a contested territory’; it is never static, but always ‘in the making’ (2008: 86). The making of a building commonly extends over lengthy time periods and it continues to evolve even during occupancy. The stakeholders in a building project are unlikely to work together continuously and on an everyday basis (though some may do); rather, they tend to come together to work on a particular project and engage with each other more or less intensively at particular points over what, ordinarily, are extended periods of time. This does not necessarily reflect the experience of professionals working in other organizational settings whose engagement with others may, for example, be daily and continuous. However, our model has the potential to identify how the ‘practice modalities’ (how something happens, is done, or is experienced) of different responsible professions and occupations are shaped by the nature of their engagement with other stakeholders across a range of organizational contexts. It has particular relevance for

professionals in heteronomous settings beyond architecture where everyday work with other occupational groups has become more ‘connective’ and ‘relational’ rather than protective in form ([Eyal in Adams et al. 2020](#); [Noordegraaf 2020](#); [Noordegraaf and Brock 2021](#)) and where there is considerable latitude, and hence potential for contention, over how products are developed and/or services provided. In the case of healthcare, complex ‘integrated’ national care systems have evolved in recent years that presuppose effective ‘relational’ working between traditionally autonomous professional and occupational groups. For example, ‘collaboration’ is the watchword for the new English Integrated Care Systems ([NHS England 2020](#)) which emphasize ‘partnership’ working between previously separate professions and occupations, such as those working in healthcare, education, housing, transport, and leisure organizations, to provide more effective care for local populations. In this, and similar contexts globally ([Lennox-Chhugani 2023](#)), heteronomous practice is becoming the norm and relational working between professions and occupations is a prerequisite for the effective production of goods or delivery of services.

Although it remains to be tested, the cross-cutting axes of ‘virtual-embodied’ and ‘collective(s)-individual(s)’ are a potentially fruitful starting point for the wider analysis of how a profession experiences its various stakeholders and how this forms their practice modalities. Our model was developed inductively to assist in the analysis of data on architects’ experiences of their work with key stakeholders in the design of facilities for later life. As explained, in this context, we identified that architects experienced their stakeholders primarily as ‘virtual and collective’ and as ‘embodied and individual’. Other professions, in other contexts, are likely to experience their stakeholders differently. Moreover, there are other analytically possible combinations of ‘virtual individuals’ and ‘embodied collectives’. These did exist in our study—for example, we mention collectives of potential facility residents and local people who architects met in person (embodied collectives), though this was not common. And, in theory, individual role holders who personify, or typify, a particular role or job title, but are abstracted to the professional concerned since they are not personally known to them (though they may be to other stakeholders and hence experienced differently), may be identified as a ‘virtual individual’. Finally, it is self-evident that our analysis focussed on the experience of just one profession, architects. But, in principle, it is possible to use the model to change the unit of analysis from an individual profession to the organizational level and thereby to take account of the experiences of all, or several, professional groups

- Ewenstein, B., and Whyte, J. (2007) 'Beyond Words: Aesthetic Knowledge and Knowing in Organizations', *Organization Studies*, 28/5: 689–708.
- Ferdous, F. (2020) 'Positive Social Interaction by Spatial Design', *Journal of Aging and Health*, 32/9: 949–61.
- Fleming, R., Goodenough, B., Low, L.-F., Chenoweth, L., and Brodaty, H. (2016) 'The Relationship Between the Quality of the Built Environment and the Quality of Life of People with Dementia in Residential Care', *Dementia (London)*, 15/4: 663–80.
- Frimpong, S., and Dansoh, A. (2018) 'Marginalization and Invasion of Architects' Role on House Projects: Institutional Intervention Inadequacy and Super Wicked Problems', *Frontiers of Architectural Research*, 7/3: 292–303.
- Grenfell Tower Inquiry. (n.d.) *Grenfell Tower Enquiry*. <https://www.grenfelltowerinquiry.org.uk/> accessed 10 Sep 2024.
- Grosz, E. (2001) *Architecture from the Outside*. Cambridge: MIT Press.
- Gunz, H., and Gunz, S. (2008) 'Client Capture and the Professional Service Firm', *American Business Law Journal*, 45/4: 685–721.
- H. M. Government. (2015) *Building Regulations 2010*. <https://www.gov.uk/government/publications/2010-to-2015-government-policy-building-regulation/2010-to-2015-government-policy-building-regulation> accessed 14 Jun 2024.
- Harriss, H., Hyde, R., and Marcaccio, R. (2020) 'Introduction', in H. Harri, R. Hyde, and R. Marcaccio (eds) *Architects After Architecture*, pp. 7–23. London: Routledge.
- Hill, J. (2001) 'The Use of Architects', *Urban Studies*, 38/2: 351–65.
- (2003) *Actions of Architecture: Architects and Creative Users*. London: Routledge.
- House of Commons. (2018) *Social Care: Care Home Market – Structure, Issues, and Cross-subsidisation (England)*. Briefing Paper No. 8003. <https://commonslibrary.parliament.uk/research-briefings/cbp-8003/> accessed 14 Jun 2023.
- Imrie, R., and Street, E. (2009) 'Regulating Design: The Practices of Architecture, Governance and Control', *Urban Studies*, 46/1: 2507–18.
- (2014) 'Autonomy and the Socialisation of Architects', *The Journal of Architecture*, 19/5: 723–39.
- Jamieson, C. (2011) *The Future for Architects*. https://ualresearchonline.arts.ac.uk/id/eprint/8856/1/The_Future_for_Architects_Full_Report_2.pdf accessed 14 Jun 2023.
- Jolliffe, E., and Crosby P. (2023) *Architect: The Evolving Story of a Profession*. London: RIBA Publishing.
- Jones, P. (2009) 'Putting Architecture in Its Social Place', *Urban Studies*, 46/12: 2519–36.
- (2016) '(Cultural) Sociologies of Architecture?', in D. Inglis and A.-M. Almila (eds) *The Sage Handbook of Cultural Sociology*, pp. 461–80. London: Sage.
- Kim, D., and McCuskey Shepley, M. (1980) 'Healthcare Architects' Professional Autonomy: Interview Case Studies', *Herd*, 1/2: 14026.
- Kornberger, M., Kreinera, K., and Clegg, S. (2011) 'The Value of Style in Architectural Practice', *Culture and Organization*, 17/2: 139–53.
- Larson, M. (1993) *Behind the Postmodern Façade: Architectural Change in Late Twentieth-Century America*. Berkeley: University of California Press.
- (2004) 'Grounding the Postmodern: A Story of Empirical Research on Fuzzy Concepts', in R. Friedland and J. Mohr (eds) *Matters of Culture*, pp. 318–40. Cambridge: Cambridge University Press.
- (2015) 'Practice and Education in 21st-Century Architecture', in L. Fernando and S. Marques (eds) *Quid Novi? Architectural Education Dilemmas in the 21st Century*, pp. 52–123. Austin: Nhamerica Press.
- Latour, B., and Yaneva A. (2008) 'Give Me a Gun and I Will Make All Buildings Move: An ANT's View of Architecture', in R. Geiser (ed.) *Explorations in Architecture: Teaching, Design, Research*, pp. 80–9. Basel: Birkhäuser.
- Lefebvre, H. (1991) *The Production of Space* (trans. D. Nicholson-Smith). Oxford: Blackwell.
- Leicht, K., and Fennell, M. (2001) *Professional Work*. Oxford: Blackwell.
- Lennox-Chhugani, N. (2023) 'Inter-disciplinary Work in the Context of Integrated Care – A Theoretical and Methodological Framework', *International Journal of Integrated Care*, 23: 29. <https://ijic.org/articles/10.5334/ijic.7544>
- Lewis, A. (2015a) 'Daylighting in Older Peoples' Housing: Barriers to Compliance with Current UK Guidance', *Lighting Research and Technology*, 47/8: 976–92.
- (2015b) 'Designing for an Imagined User', *Energy Policy*, 84: 204–12.
- Loxterkamp, D., and Snider, S. (2015) 'What Doctors Have in Common with Architects – Part 2: The Common Good', *British Medical Journal*, 350: h1823.
- Mayo, J. (1999) 'Conflicting and Shared Lifeworlds of Practice: Architects and Planners', *Free Inquiry in Creative Sociology*, 27/1: 35–45.
- Motealleh, P., Moyle, W., Jones, C., and Dupre, K. (2019) 'Creating a Dementia-Friendly Environment Through the Use of Outdoor Natural Landscape Design Intervention in Long-Term Care Facilities: A Narrative Review', *Health and Place*, 58: 102148.
- Nettleton, S., Buse, C., and Martin, D. (2018) "'Essentially it's Just a Lot of Bedrooms": Architectural Design, Prescribed Personalisation and the Construction of Care Homes for Later Life', *Sociology of Health and Illness*, 40/7: 1156–71.
- NHS England and NHS Improvement. (2020) *Integrating Care. Next Steps to Building Strong and Effective Integrated Care Systems Across England*. London: NHS England and NHS Improvement. <https://www.england.nhs.uk/publication/integrating-care-next-steps-to-building-strong-and-effective-integrated-care-systems-across-england/> accessed 30 Jul 2024.
- Noordegraaf, M. (2020) 'Protective or Connective Professionalism? How Connected Professionals Can (Still) Act as Autonomous and Authoritative Experts', *Journal of Professions and Organization*, 7: 205–23.
- Palmer L., Wallace K., and Hutchinson L, eds (2021) *Architecture for dementia. Stirling Gold: 2008–2020*. Stirling, Scotland: University of Stirling. <https://www.dementia.stir.ac.uk/>
- , and Brock, D. M. (2021) 'Protective and Connective Professionalism: What We Have Learned and What We Still Would Like to Learn', *Journal of Professions and Organization*, 8: 228–36.
- Reinmuth, G. (2017) 'Relationality and Architecture: How Refocusing the Discipline Might Reverse the Profession's Seemingly Unstoppable Trajectory of Decline', *Architectural Theory Review*, 21/1: 89–107.

- , and Benjamin, A. (2020) 'Autonomy-Within-Relationality: An Alternative for Architecture After the Global Financial Crisis', *Interstices*, 20: 93–106.
- RIBA. (2005) *Constructive Change: A Strategic Industry Study into the Future of the Architects' Profession*. London: RIBA Publications.
- (2013) *Plan of Work*. <https://www.architecture.com/-/media/gathercontent/riba-plan-of-work/additional-documents/ribaplanofwork2013overviewfinalpdf.pdf> accessed 7 Mar 2020.
- Sahin-Dikmen, M. (2013) 'A Bourdieusian Lens on to Professions: A Case Study of Architecture', Unpublished PhD thesis, University of York. <https://etheses.whiterose.ac.uk/5616/> accessed 30 Jul 2024.
- Samuel, F. (2018) *Why Architects Matter: Evidencing and Communicating the Value of Architects*. London: Routledge.
- Stevens, G. (2002) *The Favored Circle*. Cambridge: MIT Press.
- Styhre, A. (2011) 'The Architect's Gaze: The Maintenance of Collective Professional Vision in the Work of the Architect', *Culture and Organization*, 17/4: 253–69.
- , and Gluch, P. (2009) 'Creativity and its Discontents: Professional Ideology and Creativity in Architect Work', *Creativity and Innovation Management*, 18/3: 224–33.
- Symes, M., Eley, J., and Seidel, A. D. (1995) *Architects and Their Practices*. Oxford: Butterworth Architecture.
- Till, J. (2013) *Architecture Depends*. Cambridge, MA: MIT Press.
- Yaneva, A. (2009a) *Made by the Office of Metropolitan Architecture: An Ethnography of Design*. Rotterdam: 010 Publishers.
- (2009b) *The Making of a Building. A Pragmatist Approach to Architecture*. Berlin: Verlag Peter Lang.