

Graduation Plan

Master of Science Architecture, Urbanism & Building Sciences



Graduation Plan: All tracks

Submit your Graduation Plan to the Board of Examiners (Examencommissie-BK@tudelft.nl), Mentors and Delegate of the Board of Examiners one week before P2 at the latest.

The graduation plan consists of at least the following data/segments:

Personal information	
Name	Sigwela Augustin
Student number	4215575
Telephone number	-
Private e-mail address	-

Studio		
Name / Theme	Explore Lab	
Main mentor	Engbert van der Zaag	Architecture tutor
Second mentor	Luc Willekens	Research tutor
Third mentor	Hubert van der Meel	Building technology tutor
Argumentation of choice of the studio	<p>My uncle died from an incurable decease. He had the privilege of dying in a home environment surrounded by family. My love for social engagement, healthcare and architectural design, triggered me and I wanted to know how care is provided for those suffering from homelessness and chronic deceases.</p> <p>When looking into the subject, I noticed that terminal care for homeless people need to be improved. Moreover, many homeless shelters do not positively influence the mental wellbeing of the homeless. Hence, I thoroughly wanted to investigate how architecture could positively influence a person's wellbeing. This research would not be possible in any other graduation studio. Therefore, I applied for Explore Lab.</p>	

Graduation project	
Title of the graduation project	To be or not to be: housing for terminal homeless people
Goal	
Location:	Rotterdam, The Netherlands
The posed problem,	(see below)
research questions and	(see below)
design assignment in which these result.	(see below)

Homeless people with high complex care needs often have long and traumatic experiences of loss. This has a major impact on the way they deal with illnesses and death. Dutch policymakers may provide shelters to accommodate those in need, but these places do not positively affect the wellbeing of the homeless. Current Dutch homeless shelters are often provided and designed in a bureaucratic and institutionalized manner. Out of pure efficiency instead of sympathy. Thus, resulting in accommodation that seemingly disciplines rather than assisting those in need. Moreover, many homeless shelters fail to facilitate the wish of homeless terminal people of dying in the shelter. Therefore, care professionals stress that increased cross-collaboration is needed to fulfil this wish and that the palliative care needs and preferences of homeless people should be considered. Studies encourage city officials, urban planners and architects to enter the discourse of homelessness. *'Not by working against those without homes, but by working with them'* in urban renewal projects (Rennels & Purnell, 2017).

As a designer I therefore see interesting opportunities to combine the wishes and needs of all stakeholders by designing an assisted care and living facility for terminal homeless people.

Hence, the **main question** of my research is:

Which architectural elements in the care environment have a positive effect on the wellbeing of homeless terminal patients with mental health problems?

Sub questions:

- What is the phenomenon of home and how is it connected to well-being?
- Which measures for security and privacy need to be taken?
- Which measures reduce stigmatization and enhance a home-like environment?
- Which measures with regards to sensorial stimulation should be considered?
- How should the outdoor space contribute?
- How should social interaction be supported?

Process

Method description

The main question of this research will be answered in threefold.

A. Literature review (theoretical framework)

The theoretical framework of this paper is based on a comprehensive and systematic review of literature studies on healthcare, homelessness and social work. Studies were carefully examined in order to identify the concerns and needs for homeless people in the care environment. Moreover, theoretical design principles have been extracted, categorized and translated into a checklist with theoretical Evidence-Based design principles.

B. Case studies and fieldwork (architectural framework)

In the second phase an architectural framework was developed out of the theoretical framework. Firstly, the EBD checklist was used to score the architectural impact (on wellbeing) of three Dutch homeless shelters. The three selected projects were: 1) CVD Havenzicht; 2) Kessler stichting; 3) Pauluskerk. Subsequently, these case studies have been analyzed in order to extract interesting architectural elements applicable for the new design.

C. Interviews (Empirical research)

By means of (distinctive choice) interviews the target group will be included in the design process. The aim is to plan two sessions (in February and in April) with a board of clientele (ex-homeless people) to collect a 'list' of specific wishes and needs which will be considered in the design process.

Thus far, 5 interviews have already been carried out. 1 interview with a volunteer and 4 interviews with care professionals.

Literature and general practical preference

Literature

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- Kaplan, A., Diver, K., Sandin, K., & Kafer Mill, S. (2019). *Homeless interactions with the built environment: A spatial pattern language of abandoned housing*. Urban Sci: 2019, 3(2), p. 65
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- Rennels, T.R. & Purnell, D.F. (2017). *Accomplishing place in public space: Autoethnographic accounts of homelessness*. Journal of Contemporary Ethnography: 2017, 46(4), p. 490-513
- Westert, J. & de Groot, C. (2017). *De zelfredzame dakloze*. Nederlands juristenblad: 2017, 44

Practice

Interviews (who will remain anonymous)

- CVD Havenzicht: 1 facility manager nightshelter
- Kessler stichting: 1 social care professional; 1 volunteer
- Pauluskerk: 1 doctor
- VPTZ: 1 Palliative care nurse

Visits & tours

Social care:

- CVD Havenzicht, location: Rotterdam
- Kessler stichting, location: The Hague
- Pauluskerk, location: Rotterdam

Healthcare:

- VPTZ, location: Delft

Reflection

1. What is the relation between your graduation (project) topic, the studio topic (if applicable), your master track (A,U,BT,LA,MBE), and your master programme (MSc AUBS)?

(see below)

2. What is the relevance of your graduation work in the larger social, professional and scientific framework.

Existing research on psycho-spatial relations between humans and the physical environment has addressed that the physical environment can be vital for good health (e.g. physical, psychological, emotional, spiritual and social health). These so-called salutogenic design approaches are generally implemented in healthcare environments only. However, the emotional accounts of homeless people show that social care environments could also benefit from these salutogenic design approaches. If we want to improve the spatial environment of healthcare services (e.g. hospitals) then we should also want the same for social care environments.

As the issue of homelessness is not yet solved and the number of patients with complex care needs increases, I therefore advocate that a redefinition of Dutch shelter design is highly needed in order to improve the wellbeing of the homeless. We should never forget that the architectural profession truly

means: *to design for others*. Thus, not only facilitating the physical built environment but also the non-physical needs of the users: *their happiness and satisfaction*.

With my graduation project, I hope to contribute to the discourse of homelessness by providing a toolkit with design guidelines for urban planners and architects who want to design for this special target group.