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During the research part of the Graduation studio Designing for Health & Care, it was found that inhabitants of long term, temporary supportive housing (SH) benefit from their social network in the healing process. The main goal was to find ways to use architecture to promote the integration of these inhabitants. The research provided several useful guidelines, which are used during the design process. To challenge and promote the integration into more dense areas and neighborhoods, an urban site was chosen for the assignment, including an existing building. The goal is to promote interaction between the inhabitants of SH and the neighborhood.

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

The research and design combine the topics of Health & Care of people with mental illness, the neighborhood and architecture, fitting the studio topic, Health & Care. The user is central in this studio, which in this design assignment are the inhabitants of SH and the neighborhood. This is also where the different master tracks come together. Urbanism and (landscape) architecture collide in choosing a location resulting from research, promoting their integration into the neighborhood. This challenges the design to comply with the needs of the inhabitants, since it contradicts the more common (although certainly not exclusive) quiet, less central locations of SH. Through distribution of the program and architectural features, such as attractive entrances, green and façade design, there is a graduation in more public to private spaces in the assembly. Since this location features an existing building, re-use and adding structures are used in the Building Technology aspects of the design, promoting sustainability and circularity, such as re-use of façade materials, but also refusing to heat every space.

The research resulted in a more open design for the supportive housing facility, than usually seen in SH facilities. Although this - together with the choice of the location – is challenging the approach of designing SH in quieter areas and more closed off from the neighborhoods. Another result was the temporality that goes hand in hand with SH. There are different temporalities: The changing policies (which was found to often not be included in design for people with mental illness) and the temporal nature of SH itself. This relates to both Architecture (the design), Urbanism (the neighborhood) and Management (changing policies) in the Msc track at the faculty of architecture.

2. **How did your research influence your design/recommendations and how did the design/recommendations influence your research?**

As mentioned in the paragraph above, some choices come directly from the research. The connection between the inhabitants of SH and neighborhood comes together in a key design feature: A glass house placed between the existing buildings which connects public functions to the dwellings of the inhabitants of SH. However, it must be noted that the existing buildings do complicate the design process, maybe even complicating reaching the goal of the design. This adds another layer to the architectural design, taking features from the existing context into the process. This can all be related to how architectural design influences the experience, health, and care of the users. The research provided clear guidance in the process, through design guidelines.

It could be argued that this design can only be proven to be efficient once tested by the user. Although we as designers have no influence on how a building is used in the end, the users' requirements are met as much as possible through the research.

3. How do you assess the value of your way of working (your approach, your used methods, used methodology)?

The general idea for assembly came forward before the presentation of the research. The research provided clear design guidelines and the plot was analyzed with clear directions and connections to the neighborhood. However, after the distribution of the program on the plot from public to private spaces, there was a bit of a hold-up since there was a lack of direction on the existing building. When analyzing the existing building entrances, structure and functions, a sustainable direction was chosen which meant keeping as much as possible of the existing building. The analysis also provided a solution, connecting research and literally the transition from public to private areas: a space, connecting the inhabitants of SH and the neighborhood acting as an access and transition zone in the assembly: the glass house. These steps provided a strong concept for the rest of the design.

The use of primarily hand-drawn and sketched ideas during the process allowed for quick and efficient design options and solutions in concept creation. However, developing out details and accurate drawings in the process was slower, causing delays in the process.

4. How do you assess the academic and societal value, scope and implication of your graduation project, including ethical aspects?

The project tackles problems for a relatively small, but still large target group. The problem of increasing need for SH and, both intra- and extramural, requires more efficient solutions. It is a solution for people in need of temporary SH, who benefit from their social network and feel valuable. This contrasts with the heavier cases who specifically need to rest and be taken out of their environment. For those, the project does not provide a fitting solution. The project does provide a more inclusive solution, which could decrease stigma by mixing the users and the neighborhood and increase the recovery of users by providing a social network. However, it must be mentioned that this is only a small part of the problems in mental health care for inhabitants in SH. A big part of the mental health problems is in the field of policymaking and society. The project also does focus on care and cure, rather than prevention.

5. How do you assess the value of the transferability of your project results?

Despite the result of this project being a design for a specific location in Delft, most aspects of the research and design could be used in future projects. A more open approach to design and visibility of inhabitants of SH and modular housing for changing policies could be used in future projects. The re-use of existing buildings could also provide SH, if the location supports the needs of the inhabitants of SH. The design shows it is possible, but it does come with additional challenges. An existing building should meet the requirements of the inhabitants of SH. This means a fitting scale, no long corridors and a fitting size for rooms and shared functions. The design does not, however, provide a blueprint for the re-use of similar existing buildings, also because of the influence of the surroundings. It provides design guides for similar design situations. During the project, some overlap between target groups also became clear – like with elderly - which may indicate that there may be valuable results which could be used for other target groups.

6. Is this design the direct solution to the problem?

The research shows that this group consists of a wide variety of different people. Although some inhabitants benefit from more quiet environments and less stimulants, the targeted group in this design is the other part of the inhabitants of SH: the ones who benefit from a social network. There would still be a need for SH in more quiet locations, in addition to locations like the designed one.

Additionally, the design is still quite a big SH facility, housing around 30 units. To keep the social network of those in need of SH intact, it would be beneficial to have small, locally organized facilities, which could work together with facilities for the neighborhood. Therefore, the design is adaptable and scalable, but not yet in its desired (smaller) form. In the future, some SH units could be converted into senior housing for example.

7. Is the project influenced more by existing knowledge related to the topic, rather than the target group itself?

Since the target group is vulnerable, the target group was interviewed in an informal setting. This provided some general idea of how the target group felt about their living environment. But, since the target group is so diverse in issues and gradation in severity, other sources like professionals, similar projects and literature were used for knowledge. What users wanted and research showed sometimes contradicted, this causes an interesting problem. For example: smoking connected the users and gave them reasons to go outside, but smoking is universally seen as bad for health. Should we promote this? These kinds of dilemmas were apparent throughout the project. This causes some choices to be made based more on research on mental health than what the target group said in interviews, but also the other way around. So, the project takes in both influences from the target group and existing knowledge. It is a balance that the designer should look for to create a user-oriented, but healthy design.