TO BE OR NOT TO BE

Housing for terminal homeless people

Reflection Report | Explore Lab

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Colophon

To be or not to be - Housing for homeless terminal people

Reflection report
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Explore Lab, to me, was defined as the graduation studio in which all architectural extremes and societal unknowns could be discovered. A studio in which personal creativity, discipline and fascination could be combined into an explorative project, with the freedom to formulate one's own believes, disposition and goals in the field of Architecture. As a designer, I have always been driven by the conviction that architects play a vital role in addressing societal issues. Then, with their creativity and design skills they look for spatial solutions. With this, I do not imply that architecture always provides answers to societal and cultural issues. Particularly issues in which top-down management is the underlying rule of principle. In that case, I rather take a realistic standpoint that by no means architecture will solve the ugly root of widespread inequality, poverty or iniquity. Yet, I do believe that architecture and its programmatic set-up could play a temporal role in relieving physical and mental suffering, caused by the above-mentioned downsides of life.

With my graduation project I therefore strived to address the issue of homelessness and healthcare in Dutch society. This by designing psycho-supportive accommodations in which the actual mental and physical wishes and needs of (ill) homeless people are considered. Healthcare and homelessness are two standalone matters which are difficult to address. Nonetheless, they go together in times of distress. Even more so, in the current COVID-19 pandemic, where the Netherlands faces major challenges with regards to the rising numbers of homelessness and the unforeseen circumstances in the health care sector. Especially in these unique times of health crisis, the Netherlands must show its responsibility as 'a welfare state' so to protect the general health of all citizens. However, as indicated in my research, this notion of a Dutch welfare state is questionable and entails a visible paradox as revealed by the fragmented healthcare provision, as well as the sober, obscure and stressful accommodations for Dutch homeless people.

My research revealed that the architectural impact of social care facilities can be improved when several Evidence-Based-design principles are implemented in the design process. Especially, when all principles are applied on both the urban and building scale. The three crucial design factors of optimal daylight entrance, access to greenery and privacy were of utmost importance in my project, because through research I discovered that these are the most evident weaknesses of current homeless shelters. I therefore translated multiple research recommendations into specific design interventions to maximize the three design factors. This by also considering the necessary (health and social) care services needed for ill homeless people. Therefore, I needed to make deliberate choices in the selection of the right location that could truly help the rehabilitation and life-completion process of my target group.

During the decision-making process, I also had to consider the opinion of the general population. As we know, many people quite often do not cheerfully welcome homeless people in their near surroundings. However, as my research makes clear, this vulnerable minority group is also part of society and has the right to be accommodated in positive and pleasant accommodations as well. Through research I found ways to design these places by learning from healthcare architecture. As a result, I can conclude that the relationship between research and design worked well in my graduation project.

My research also revealed that homeless people are often viewed through thick prejudiced glasses and with apparent disgust. As self-reflection entails looking in the mirror and addressing personal faults too, I must admit that through my research, I also discovered that I had developed a biased image of homeless people in general. How do I know? Because of the instant memories that crossed my mind, of me waiting by the tram stop and constantly rejecting the question of a homeless man who asked me if I could give him one or two euros. In my mind he would buy drugs and alcohol anyway, so why bother to help him? Little did I know back then, my actions just resulted from a lack of sympathy and background knowledge. I mean, did I know the man? No, and nor did I know which personal circumstances led to his instable living conditions in the first place. My research into the unknown fields of homelessness, enabled me to learn more about the personal experiences of homeless people and offered me important information to design a 'fit for purpose' residential building for this vulnerable group.

Although, many of my close friends and family are care workers, I personally did not know much about healthcare, let alone about the care provision for Dutch homeless people. So, to construct a scientific research methodology, it was of utmost importance that I first developed a theoretical framework. For this, literature review served as the foundation. By means of literature I became fascinated about the empirical approach of phenomenology, in which the actual feelings and emotions of homeless people were presented in personal accounts. I also wanted to implement this approach in my thesis because it would reinforce my main design goal of an inclusive neighbourhood in which dwellings for both the homeless population and the general population are facilitated. I therefore developed different research methods so to actively involve my target group in the design process. Ideas were discussed with my research tutor Luc Willekens on how to do so. In our initial discussions we opted for the use of empirical research by means of distinctive choice interviews with physical models. Through this method, the target group could then arrange their preferred care unit layouts themselves. However, I soon discovered that this research approach was not feasible because it intervened with the privacy policies of the homeless shelters and their clients. Even today, it is still unfortunate that these distinctive choice sessions could not be arranged, as they probably would have offered me a lot more interesting information on the specific wishes and needs of my target group. Nonetheless, I have learned a lot from the field excursions and casestudy analysis of the three homeless shelters I have visited in Rotterdam and the Hague. The additional field excursions to two nursing homes, especially targeted for former homeless people, and the interviews I conducted with the social care and healthcare professionals were fruitful. As a result, I still managed to elaborate on my architectural framework and typological principles.

Both the theoretical and architectural framework of my research helped me to scientifically frame my design cohesively, as it was built on Evidence-Based design principles. Yet, as addressed in the discussion of my research, readers of my thesis must be aware that new additional and qualitative research – in which the accounts of the specific target group is involved - may contradict or justify certain findings. Nonetheless, it is reasonable that the application of the EBD principles in my design will indeed reduce mental stress of the residents and improve the architectural well-being of homeless shelters in general.

Looking back at my research and design process, I discovered that my graduation topic contains many ethical merits and dilemmas. This because homelessness and healthcare go together with the notion of human rights. As declared by the United Nations, it is a universal right that all citizens in society must have access to health facilities, goods and services. Especially the most vulnerable and marginalized sections of the population, such as homeless people. At the beginning of my design process, I personally took a firm ethical standpoint.

As my target group is primarily known for their drug and substance addiction, the question was raised if I also wanted to facilitate spaces for drug use. This ethical dilemma conflicted with my personal views and believes as a Christian. Therefore, I made a preliminary choice to not facilitate such areas in the building. During the research however, I discovered that my disposition towards these areas would not coincide with the actual program of requirements. This because drug enabling areas are only provided if it fits the motives, goals and policies of the health care organisation for which the building is designed.

The homeless shelters I visited adopted similar rules and regulations regarding drug use. No drug or alcohol use was allowed inside the shelter, nor on the premises of the building or in a certain radius within the near vicinity so to avoid disturbance. However, exceptions were made for people who lived in the assisted living units. I have learned that in practice, assisting living units are viewed as private 'houses'. Meaning that the residents of these units have the freedom to decide how they behave inside their private rooms. In light of this, drugs and alcohol are allowed as long as the use of these substances take place behind closed doors and other residents are not disturbed.

Despite my personal opinion about recreational drug use, from a designer's perspective, I could not dispute the reasoning behind the adopted policy of drug allowance in assisted living units. Why? Because an architect's task is not to design the human behaviour, but to design the physical environment in which humans behave and dwell, based on their personal choices on how to do so. Therefore, by no means an architect should attempt to oppress one's freedom of behavioural choice. Yet, I do advocate that a designer should actively participate in assisting, motivating and steering users' behaviours, into a direction which benefits their physical and mental well-being.