

# 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](mailto: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	Kimberly Grovu
Student number	5201772

Studio		
Name / Theme	Designing for care – towards an inclusive living environment	
Main mentor	Leo Oorschot	Architecture
Second mentor	Lex van Deudekom	Building Technology
Third mentor	Kobe Macco	Research
Argumentation of choice of the studio	<p>My interest in this studio was initially sparked by the underlying philosophy of designing spaces and environments that respond to the care and health demands of a society that is rapidly advancing, ageing, and increasingly becoming lost in the virtual realm. I find myself more and more interested, post-pandemic, in the question of what it means to make space work for the user's benefit, not solely in the aesthetic or the experiential sense, but in such a way that its design and physical realization do more in offering the users within a better quality of life, better access to community, and an improved sense of overall wellness and purpose. In my opinion, the studio offers students an astoundingly broad area of exploration by which they are challenged to identify the relevant gaps that have been overlooked and consider practical methods for intervention that may be applied both in theory and in reality. In a world that is increasingly automated and standardized, I think this is a very crucial question to consider and attempt to address.</p>	

Graduation project	
Title of the graduation project	It Takes a Village   An investigation into the Decentralization of Neurodiverse & Psychiatric Care within a Small Dutch Locality
Goal	
Location:	Delft
The posed problem,	There exists today, a major discrepancy in care provision for youth suffering from, or beginning to experience, behavioural

	and medical health issues (BMH) at an age that is too young to self-advocate, too old for traditional social service infrastructure, but just right to intervene upon if properly recognized. What if human connection and the deliberate use of public space could provide additional built-in community-based support for our neurodivergent peers – what would this look like for a small urban city?
research questions and	<i>How can architecture facilitate the integration of psychiatric care within neighbourhood infrastructure to:</i> i) <i>capture and reduce the period of illness and prevent their recurrence in young neurodivergent people (16-30 yrs) entering adulthood, and</i> ii) <i>decentralize and destigmatize mental care?</i>
design assignment in which these result.	The design of a public mental health care/support centre (community centre) integrated within a natural landscape of a neighbourhood within Delft.
<b>Process</b>	
<b>Method description</b>	
<p>Research will be conducted through a variety of immersive methods. This will ensure that collected data is comprehensive, current, and inclusive of both observed and lived experience. The research process will be three-fold:</p> <p>Select research methodology will include an extensive review of academic literature on topics ranging from the <u>practice and delivery of psychiatric care</u> to the design of <u>health-promoting architecture and environments</u>. This will also extend into the research of mental health as a global phenomenon – identifying rising trends, causes, and treatments noted globally. Statistics and demographics-related data will be referred to, starting with a broadened global focus, and then narrowed down to a review of the Netherlands, and finally focused down to mental health and wellness-related statistics collected for and by the City of Delft.</p> <p>Architectural precedents ranging from examples of public architecture, medical wellness and rehabilitation centers, and youth/ community centers will be collected as inspiration. Such case studies will inform as to the future design’s programmatic and practical requirements, accessibility and circulatory demands, as well as examples of real-world implementation of healing environment design techniques.</p>	

In addition to this, a third aspect will consist of a human-centered research focus, carried out in Week 2.1. Ethnographic investigative techniques will be employed to meet with, observe, interact, and learn from members of my research target group (young adults with mild to medium levels of mental and behavioural conditions/disabilities). Techniques will range from the disseminating of questionnaires, the recording of visual observations, periods of volunteering at local dedicated care facilities and community centers, and performing interviews/collecting the testimonials of willing caretakers, doctors, persons living with mental/behavioural conditions and members of their support network, etc.

The ultimate aim driving this selected methodology is to establish a research base founded in both literary and lived experience – using relevant first-person accounts to validate research published by the medical and scientific community. This will help inform a sensitive and responsive design for the end result of this Thesis project.

## Literature and general practical references

The literature and theoretical background collected for this study will fall under one of two categories, relevant to the subject of mental health within the built environment. This includes, i) medical research (theories, statistics, possible treatments and projections), and ii) health and wellness design guidelines/techniques pertaining to architecture and the built environment.

Literature falling under the first umbrella of medical research will include subjects of...

- psychiatry relating to neurodiversity and mental illness,
- the treatment and care requirements of various conditions experienced in various degrees of severity,
- analyses of existing psychiatric care facilities (their requirements, successes, and pitfalls),
- global and local statistics and projections relating to mental health and proportions of the world population living with and seeking treatment for their various afflictions,
- research already carried out into the neurodivergent person's experience of space & the built environment.

In investigating sources relating to both the medical and design fields, relevant theories and philosophies were revealed to include the following concepts. These include evidence-based design and practice techniques aimed at improving and universalizing user experience and well-being...

- Healing architecture
- Inclusive Design
- The 5 Ways to Well-being

## 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)?

The selected topic of my graduation project relates to the overall Studio topic in that it moves to address one specific area (mental health and wellness) of the general "Designing for Care in an Inclusive Environment" field. The general Studio focus questions "*What is the influence of new health and care perspectives on designing buildings for networks of health and care?*" and to this, my personal research topic presents a more focused proposal in which this "problem" can be applied towards designing and promoting community structures that are supportive of mental wellness.

This is then further related to the larger Master Track and overarching Master Programme of Architecture and the Built Environment, as future efforts towards solving this defined problem will include the design and integration of a building (or a complex of buildings) within an urban environment. It relates to the multiple techniques of circularity, inclusivity, and accessibility that will be investigated and applied towards realizing a future construction or renovation in an already developed context.

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

The subject of this Thesis raises and aims to address the important question of how architecture can be applied towards the built environment and existing socio-political structures to specifically improve quality of life for current and future populations. Its relevance exists in the reminder it provides for students (as future architects) to consider the aspects of human experience, health, and wellness, and the ways in which it may be positively or negatively affected by architectural decisions made towards shaping and realizing the surrounding built environment. To be more specific, it calls into question the healing properties that may be expected of the public buildings that house users in their day-to-day activities, outside of the private dwelling.

From a scientific perspective, this research follows a solutions-oriented investigation into ways of integrating healthcare into a multitude of building typologies so as to improve universal access and lighten the current (and growing) burden that our medical facilities and staff currently face.