

Graduation Plan

Personal information	
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Studio	
Name / Theme	ExploreLab23
Teachers / tutors	Design tutor: Eireen Schreurs Building Technology tutor: Hubert van der Meel Research tutor: Cor Wagenaar
Argumentation of choice of the studio	<p>The choice for ExploreLab was one of logic. It is at the moment the only studio that gives the opportunity to focus on the architecture of health care, and is open to your own perspective on this issue.</p> <p>My fascination for the architecture of health care -especially psychiatric care- has existed a couple of years ago during my graduation from Interior Design, and has been my major focus during my studies in Architecture. Not only is the architecture of psychiatric care a mirror of how we as a society treat those who are 'different'. These buildings are also the places par excellence where we as architects can contribute to the support and recovery of this vulnerable group of people.</p> <p>With some loved ones coping with a psychiatric disorder, this subject is very dear to me. The psychiatric disorder is no stranger to our lives and the lives of our loved ones, even though we treat this subject sometimes as if it is.</p>

Graduation project	
Title of the graduation project	The Illusion of Inclusion
Goal	
Location	Oud-Charlois, Rotterdam (NL): The urban block surrounded by the streets: Schilperoordstraat, Frans Bekkerstraat, Boergoensevliet and Voornsevliet.
The posed problem	Vulnerable people with a psychiatric disorder are no longer staying in institutions outside of society, from now on they will live in the neighbourhood, in the so-called 'inclusive society'. In reality, some challenges need to be overcome such as loneliness and social isolation while living independently, negative stereotyping and stigmatisation of people with psychiatric disorders, absence of the necessary safety nets of outpatient care, a lack of suitable low-cost rental housing and a society that is not entirely inclusive, resulting in, among others, a high 'Not In My Backyard' attitude towards these people. Psychiatric care has always been the sector that is influenced most directly by the conceptions of man and society. Again, psychiatric care will be influenced by societal, economic and social factors, and herewith also its built environment. The, politically driven, changing position and housing of vulnerable people causes society to increasingly come in touch with them. This requires an adjustment of both groups, on the one hand clients again have to 'learn' how to live and participate in society, on the other hand society has to make way for these people and accept that vulnerability is also a part of society. In this issue the neighbourhood and the house play an important role; these elements can support vulnerable people in their recovery and sense of safety and belonging. Therefore, my research aims to develop and design architectural principles to enable psychiatric patients to live independently within the neighbourhood.
Research questions	"What architectural principles can help in shaping the neighbourhood and the house in order to let vulnerable people with a psychiatric disorder live independently in Oud-Charlois?" subquestions: - "What are the tendencies that affect the built environment of psychiatry in the course of time?"

	<ul style="list-style-type: none"> - "What is the cause of the themes that prevent the 'inclusive society' and how are these connected to architecture?" - "How is living independently seen and given shape by both clients themselves as well as the health institutions?" - "What are best practices of the architectural design of housing for people with a psychiatric disorder?"
<p>Design assignment in which these result</p>	<ul style="list-style-type: none"> - A mixed housing complex for vulnerable people with a psychiatric disorder as well as for 'normal' groups; a mix of students and affluent people. <p>The complex will be spread out over the location, from a more enclosed and safe part for people with more severe psychiatric problems (in the form of an crisis house -crisis huis- as a safety net for people that are struggling with or facing a relapse) leading to a more open, mixed housing part.</p> <p>The public realm with it's (not to be underestimated) superficial meetings and the in-between-space with it's ability to generate a sense of belonging play an important role in the design.</p> <p>The building program will be supplemented with:</p> <ul style="list-style-type: none"> - Care function for the neighbourhood and for it's residents with psychiatric problems, compact and clear structure; in architecture and in organisation. - 'Communal living room' for the complex supplemented with some communal functions such as computer access and laundromat. - Sports hall for the neighbourhood which in addition offers free participating in sports for vulnerable people in exchange for their services in the sports hall.

Process

Method description

The research will be based on different methods:

- Literature research

The literature researched till thus far is enclosed at 'literature and general practice preference'. Based on this research four research theme's are made; loneliness and social isolation, stigmatisation in a not completely inclusive society, the neighbourhood and housing. These themes are the obstacles to overcome for independent living and will be researched socially as well as spatially. This research is in the stage of finalising at the P2.

- Best practices

Analysis of international housing projects for people with a psychiatric disorder. The projects will be compared by means of different theme's.

- Qualitative interviews

Interviews will be held with health care institutions as well as with patients who now live independently in the neighbourhood. The health care institutions are represented

by housing coordinators Norbert van Ijperen of Pameijer and Paula van Zijp of Bavo Europoort. The interviews are held by means of the self-made game 'How to Live?' ('Hoe te Wonen?'). The game is a board on which the players place four types of wooden blocks: the vulnerable resident with a psychiatric disorder, the 'normal' resident, care and public functions. Through the literature research some hypotheses could be made, which will be presented to the players. The game is a way to be able to talk about this socially engaged subject in a spatial way.

- Essay

The written research is finalised through the essay 'The Illusion of Inclusion' in which I write from an architectural vision and review the discourse on living independently from a broader perspective. This essay is still in development and follows at the P3 in its final form.

- Location research

A combination of mapping, model studies and photography of Oud-Charlois.

- Research by design

Alongside the design process the designs will be shown to the groups that were previously interviewed.

Literature and general practical preference

Bredewold, F. (2014). *Lof der oppervlakkigheid, Contact tussen mensen met een verstandelijke of psychiatrische beperking en buurtbewoners*. Downloaded 12-12-2016 from https://pure.uva.nl/ws/files/1950788/132752_thesis_print.pdf

Christenhusz, E. & Van Lieshout, M. (2008). *Bang voor Bloemkool, rapportages uit de kinderen jeugdpsychiatrie*. Utrecht: De Tijdstroom.

College voor de Rechten van de Mens (2016). *Dossier, Nederland en het Verdrag inzake de rechten van personen met een handicap*. Retrieved 13-11-2016 from <https://www.mensenrechten.nl/dossier/nederland-en-het-verdrag-inzake-de-rechten-van-personen-met-een-handicap>

Graaff, P. et al. (2016). *Wonen zonder zorg(en), van zorg met verblijf naar wonen met of zonder zorg*. Veldacademie: Rotterdam.

Kooistra, H., De Ruiter, G., Van Triest, N. (2016). *Doorstromers Beschermd Wonen en Maatschappelijke Opvang, Thuis in de wijk*. Platform31: Den Haag.

Kwekkeboom, M., De Boer, A., Van Campen, C. & Dorrestein, A. (2006). *Een eigen huis... Ervaringen van mensen met verstandelijke beperkingen of psychiatrische problemen met zelfstandig wonen en deelname aan de samenleving*. Den Haag: Sociaal en Cultureel Planbureau.

Lucas, A., Van Triest, N., Mostert, F. (2016). *Gebiedsgerichte aanpak wonen, welzijn en zorg, Kennisdossier Strategisch werken aan wonen, welzijn en zorg*. Platform31: Den Haag.

Mens, N. (2003). *De architectuur van het psychiatrisch ziekenhuis*. Wormer: Inmerc bv.

Mens, N. & Wagenaar, C. (2010). *Architectuur voor de gezondheidszorg in Nederland*. Rotterdam: NAI Uitgevers.

Moonen, X. (2015). *Is inclusie van mensen met een verstandelijke beperking vanzelfsprekend? Inaugurale rede*. Voerendaal: Schrijen-Lippertz.

Nieuwe wegen GGZ en Opvang (16 november 2016). *Bed&Break hotel voorkomt terugval psychisch kwetsbare mensen*. Retrieved 20-12-2016 from <http://www.nieuwewegenggzopvang.nl/praktijk/bedbreak-voorkomt-terugval-psychisch-kwetsbare-mensen/>

Place, C., Hulsbosch, L. & Michon, H. (2014) *Factsheet Panel Psychisch Gezien, Het landelijke panel voor mensen met langdurige psychische problemen*. Utrecht: Trimbos-instituut.

Planije, M., Van Hoof, F. (2016). *'Verwarde personen' of 'mensen met een acute zorgnood'?*

Trimbos-instituut: Utrecht.

Polderman, H. (2016, 3 juni). *We zijn het ontwend om met verwarde mensen samen te leven*. Retrieved 13-11-2016 from <http://www.socialevraagstukken.nl/we-zijn-het-ontwend-om-met-verwarde-mensen-samen-te-leven/>

Sennett, R. (1998). *The Spaces of Democracy*. Michigan: The University of Michigan.

Van Gijzel, S., Overkamp, E. & Karbounaris, S. (2016). *Begrippenkader, Ten behoeve van het onderzoeksproject 'Gevolgen transitie AWBZ naar Wmo'*. Utrecht: Hogeschool Utrecht, Kenniscentrum Sociale Innovatie.

Veldacademie (2016). *Zicht op Zorghuisvesting, GGZ, Rotterdam. Een regionale en stedelijke inventarisatie van intramurale zorghuisvesting in de sector Geestelijke Gezondheidszorg*. Rotterdam: Veldacademie.

Verheij, F. e.a. (2014). *Klinische kinder- en jeugdpsychiatrie*. Assen: Koninklijke van Gorcum.

Verplanke, L., Duyvendak, JW. (2010). *Onder de mensen? Over het zelfstandig wonen van psychiatrische patiënten en mensen met een verstandelijke beperking*. Amsterdam: Amsterdam University Press.

Additional interviews are held with clients and mental health care institutions:

Norbert van Ijperen, coordinator housing, Pameijer (14 December 2016)

Paula van Zijp, coordinator housing, Bavo Europoort (22 December 2016)

Roos, client and friend (8 January 2017)

Buurtcirkel Pameijer (t.b.a.)

Clients of Bavo Europoort (t.b.a.)

Reflection

Relevance

As described in 'the posed problem', the Dutch health care system is undergoing some major changes which will effect the housing and living in the neighbourhood and in society of vulnerable people. Due to the urgency of this subject publications on this topic are increasing published. Publications in combination with the topic of architecture appear especially about the living of elderly and refugees. Publications on the built environment of the psychiatric client are generally confined to observations of current forms of housing and living. However, the neighbourhood and the home play an important role to enable psychiatric patients to live independently and to support them in recovery and a sense of security and belonging. This design task will be researched in my graduation.

Time planning

enclosed on next page.

week	subject
8	P1 presentation
9 (nov)	literature research location research exam AR2A015
10	literature research
11	literature research
12	literature research
13 (dec)	literature research location research making of the game for qualitative interviews
14	literature research first sketches for design making of the game for qualitative interviews exam WM-ITAV-1010
15	literature research visiting location first sketches for design qualitative interview Pameijer exam WM-ITAV-1010
16	literature research making of a model of location writing/reading for the essay qualitative interview Bavo Europoort
17	holiday
18 (1)(Jan.)	finalising literature research writing/reading for the essay qualitative interviews
19	writing first outcomes qualitative research writing/reading for the essay design: sketches and model studies finalising literature research
20	P2 presentation
21	design: sketches and model studies writing/reading for the essay location research
22 (5)(Feb.)	design: sketches and model studies writing/reading for the essay location research

week	subject
23	design: deciding on a design writing/reading for the essay qualitative interview
24	design: drawing the design writing/reading for the essay qualitative interview
25	design: testing and redesigning writing/reading for the essay
26 (Mar.)	design: testing and redesigning finalising the essay
27 (10)	design: research by design design: testing and redesigning finalising research (def)
28	design: research by design design: testing and redesigning design: detailing
29	design:drawing def design: detailing
30	P3 Presentation
31 (Apr.)	design: redesign after P3
32 (15)	design: redesign after P3 exam AR2A015
33	design: detailing design: finalising design design: research by design
34	design: presentation drawings making the model design: research by design research: lay-out
35	design: presentation drawings making the model research: sending to printer
36	design: presentation drawings making the model preparing for presentation
37 (20)	P4 presentation
38-39 (June)	design: final adjustments after P4
40-42	finalising all subjects!
43-45	P5 presentation