

RETHINKING A PLACE FOR CHANGE

An architectural interpretation of the incarcerated youth's place for treatment.



MASTER'S THESIS

by Martina Verme

Chalmers School of Architecture
The Department of
Architecture and Civil Engineering

Examiner: Göran Lindahl
Supervisor: Susanne Clase

THANK YOU

Stort tack till Göran Lindahl som varit spindeln i nätet. Du är den som gjort det här projekt möjligt och fått det jag gör att kännas viktigt.

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Enormt tack för all värdefull tid mer er.

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Architecture and urban design, MSc, 120c

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Direction: Healthcare

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ABSTRACT

The Swedish National Board of Institutional Care is envisioned to be “a place for change” - giving individually adapted care and better conditions for a functioning life of youths in compulsory care. However, the dual tasks of treating and guarding present the challenge of developing the physical environment since it is a key factor for enabling receptivity to care. Research shows that the physical environment is linked to negative connotations within today's society including stigmatization, negative self-image, and actions within the youth's lifeworld, often resulting in unsuccessful readaptation.

The thesis aims from the youth perspective to rethink the youth's place for treatment within compulsory care. This is done by extracting and clarifying its role within the organization, at the institutional site and in the space for care. The project contains three connected parts. Firstly, applied research of the youth's subjective experience of socio-spatial concepts in relation to being “in place” for care, as well as the field of Evidence-based healthcare design with a focus on psychiatry, collecting spatial aspects. Secondly, a concluded framework with general recommendations for the development of a treatment facility, which is then used to present the third part: a final design proposal applied to a certain institutional site. This way, the architectural process explores the potential role of a future treatment facility acting on the border of the institutional sphere.

Both motivational and preventative design methods carry this exploration resulting in a new treatment facility that could ease residential facilities with the intention to provide a clear chain- and centre of care as a key towards an exit. The project is presented from four identified spatial perspectives that support the youth needs, contributing to knowledge development that supports the incarcerated youth exit process. The framework also complements the participatory process, which is currently complex and sensitive to set up due to an inaccessible user group. Thus, this becomes one of many investigations developing an evidence-based starting point for design decisions. Finally, it informs a preventative approach toward youth criminality while shifting the prioritization and presumptions of youth needs within the institutions.

We need to ask *ourselves*, what does a place for change really mean for the youths *themselves*?

Keywords

Compulsory youth care, Socio-spatial experience,
Place for treatment

Thesis Typology

Research for Design

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DEFINITIONS

The Swedish National Board of Institutional Care (SIS). An independent Swedish government agency for individually adapted compulsory care for youths with psychosocial, substance and/or criminal problems and for adults with substance abuse.

Social Services Act (2001: 453) (SoL). A frame law of special support and service of social security and living conditions with special right on self-determination.

Law (1990: 52) with special provisions on the care of young people (LVU). Law for compulsory placement due to involuntarily assessed need of treatment.

Act (1998: 603) on the enforcement of closed youth care (LSU). Law of compulsory placement due to criminal action.

Incarceration. The act of locking someone in and preventing them from leaving.

Confinement. The act of confining is incarceration.

Compulsory. Forced and involuntary due to rule or law.

Exit / exit process. The process in which the youth transition from compulsory care towards independence.

Lifeworld. All direct experiences, activities and connections that make up the life of an individual or collective.

Place. The concept of location intertwined with identity and emotion.

Space. The void of which is three-dimensional and occupiable.

Socio-Spatial. Emphasizes how the built environment interacts with the people and society that inhabit it.

Socio-material. Emphasizes how objects interact with the people and society.

Evidence based design (EBD). Methods for design based on evidence.

INTRODUCTION

**“For sure,
life’s a
struggle.
But whatever.
It gets better
sometime.”**

Youth voice from: Sis 2021

THE AUTHOR



Education

Bachelor of Fine Arts: Architecture
at Umeå School of Architecture

Master: Architecture and urban design
at Chalmers School of Architecture

Master studios:

Fall 2020: Material & Detail (ARK338)
Spring 2021: Matter Space Structure 2 (ARK132)
Fall 2021: Future visions for healthcare,
housing and work 3 (ARK263)

Toolbox

Sketching, Planning, AutoCAD, Rhino,
Interviewing, Context and Program Mapping,
Taxonomy, Concept development, Criticality

The story behind

I have mainly worked with student projects that question the norm and that aim to show sensitivity to users and their right to space, especially those disempowered to impact. Therefore, youths are put in focus. The strongest development lies within concept, narrative, and criticality. I want to keep an optimistic mindset about the future system of correctional treatment and learn what architecture can contribute with by decomposing the idea of physical space being part of the punishment. Choosing a healthcare perspective helps me develop a project closer to theory and evidence-based material, landing in suggestions for change rather than only raising awareness. I can focus on solutions of humanization and normalisation, but still discuss and consider the mindset and societal management of the chosen target group. Important aspects are the physical environment for prevention and treatment itself, logistic flows, and flexibility, which are aspects that have been trained in the course ARK263 during fall. The chosen subject is on the edge of the healthcare scope where more integration is strived for. The healthcare direction has given input for institutional design, treatment environments and well-being, while support from criminology and sociology has contributed with social and emotional perspectives of the physical environment. Finally, I found this integration of subjects to be an interesting and possible path for future work.

Application from previous projects

- Public space, smaller interventions
- Human and user centered approach
- Norm and habitual questioning
- Citizen participation, accessibility, and rights
- Narrative and concept formulation
- Hospital design

Challenges

The most important challenge for this project has been understanding the target group needs, while there is no direct contact with user or interior space. By instead involving researchers, the organisation, and staff to give input on the project was crucial to meet the aim of the project.

BACKGROUND & CONTEXT

The organisation SiS is an independent Swedish government agency with institutions for compulsory care all over the country, financed partly by government grants and the municipal care fee. They provide treatment for adults with substance abuse and adolescents with severe psychosocial or criminal problems. SiS's institutions are conducted in close collaboration with the social services. The social services can apply for a placement at SiS for care with the support of LVM, LVU or SoL. A placement can change during the process of care, for example from LVU to SoL. A sentence to closed youth care, LSU, will be decided in court whereupon the convicted person is admitted to a special youth home (Statens institutionsstyrelse, 2020a). The following background presents an outlining picture of the *youths'* position within the current special youth homes at SiS, the preconditions of their care and the premises for care. Additionally, the youths at SiS are briefly put in relation to a wider network of youth care in Sweden to be able to reflect on the premises role for SiS youths and their treatment in a wider context. After follows a chapter diving into the youth's own experience of the institutional place.

Recognized critique

Issues around youth institutions in Sweden have become more prevalent after criticism from the Child rights agency (Barnrättsbyrå, 2021) and presence in the media. It has been found that the culture and environment have put the youths in a vulnerable situation. Overall, the staff lack tools, resources, and education, which hinders positive relationships and treatment results, regardless of good intentions (Barnrättsbyrå, 2021). Both individual actions and social interactions are negatively challenged by the current environment (Nolbeck, K. and Thodelius, C., 2019). Outbreaks caused by insufficient environment at the combined living and treatment units have been confirmed to reflect behaviour in other environments, like schools for example (Ulrich, S. R., 2019). The physical environment's impact on our well-being has strong proof within the institutional fields of healthcare as well as residential and correctional treatment, but specific research of the youth's environment has just been initiated (Nolbeck, K. and Thodelius, C., 2019). Previous research is focused on security and risks, while the physical environment's

impact on the individual and the rehabilitation from the youths' perspective has not been considered before (James, F. and Olausson, S., 2018). This opens the question: Does the compulsory environment really justify the youth's own experienced needs?

Target group picture

The youths under compulsory care are a complex non-homogeneous user group. The most common background a youth is carrying contains psychiatric and neuropsychiatric problems, antisocial behaviour, and sometimes criminal actions. The problems are often more than one and spread out through many life areas. Common categories are poor mental health, substance abuse, or self-harm (Ulrich, S. R., 2019). 2018 71 % of the youth was confirmed with at least one psychiatric diagnosis and 45% at least two (Statens institutionsstyrelse, 2020). These youths are often described as the most problematic and stigmatized group among youth in need of care (Andersson, V, M., 2012) while violence and threats are common towards staff (Statens institutionsstyrelse, 2020). The majority is between 15-17 years old, while the total age span is 12-21. The view of the youth and the treatment model is slowly developing, but still directed mainly towards boys, which can be problematic since one third of the youths today are girls, more compared to other countries (Andersson, V, M., 2012). The task of rehabilitating has through history been based on stereotypes on what boys and girls from different class and ethnicity should behave and be treated like. Neither is the view of what is considered norm breaking behaviour very modern nor entirely clear. Social problems are often more defined (on individual and on group level) as problematic for society while the emotional does not - even if they will affect society long term. Problems are usually mentioned as aggressive and nonaggressive. Thus, the girls' more commonly introverted problems get less attention than boys out acting, and society focuses more on the visual problems rather than the youths' actual needs (Andersson, V, M., 2012). The question of balancing treatment and care for these youth and what is considered a problem for society remains (Andersson, V, M., 2012).

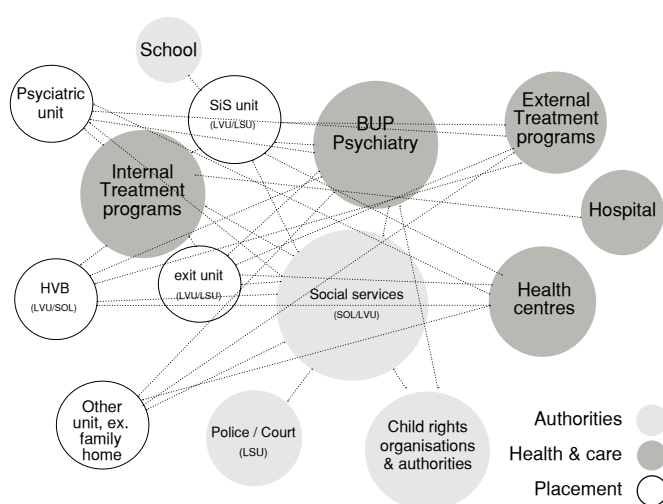


Fig.1 Conceptual interpretation of the unclear chain of care and actors

The compulsory chain of care

SiS envisions to be “a place for change” (Statens institutionsstyrelse, 2021). With an aim to rehabilitate the youth through the exit process - a dual task of guarding and caring sets up contradictory values where security aspects affect care. Since the end of 1990 SiS has been running the special youth homes, partly financed by the government but mainly through municipalities that pay for youth placement. These are rooted in the concept of upbringing institutions from the 1600, with a long history of control and management of criminal boys. The model allowed serious disciplinary authority methods that today have developed into conflict and security management such as ‘No power, no loose’ (NPNL), body search, letter control and seclusion (placed in an isolation cell or VIE) under certain circumstances (Andersson, V, M., 2012).

The term “system” can be used to describe the different social institutions with which clients in social services interact and seek to influence. People working in social service agencies, such as the staff at the special youth homes or the social worker consequently represents the system (Nolbeck, 2022). Mistrust of the system has been witnessed by youth and staff. Treatment often results in reoffending actions or problems that remain after exit or relocation and nor can research prove positive results from this type of closed institutional care (Andersson, V, M., 2012). This has created a need for aftercare and demands cooperation between institutions and social services

of the municipality. Private actors within youth care have steadily increased, which might be linked to the unorganized distribution of responsibilities instead leading to a fragmented chain of care (Andersson, V, M., 2012). To be able to support the youth through a successful process towards more open care environments, cooperation between authorities and organizations and a clear chain of care is key (Socialstyrelsen, 2019). However, the Health and Social Care Inspectorate (IVO), have demonstrated extensive challenges in coordination of the psychiatric chain of care for youth in Sweden. The inadequate cooperation has been shown to cause negative care experience and quality, forcing the patients to take too much responsibility in finding the right support (Socialstyrelsen, 2019).



COMPULSORY CARE TIMELINE

Central actors in the compulsory chain are social services and Child- and youth psychiatry (BUP) where co-financing and consensus is lacking, causing confusion for the caretaker and poor delegation of responsibilities (Socialstyrelsen, 2019).

Apart from the unclear chain of care, the youth under compulsory care also positioned between social service and the legal system. The majority of compulsory placement goes under the care of young person's act (LVU), where the time frame is determined from treatment needs and assessment throughout the placement. The other placement goes under the secure youth care act (LSU), with a fixed time frame (Andersson, V, M., 2012). Youth with LSU placement are always under closed care, while LVU is often closed, but open depending on the assessed level of independence (Statens institutionsstyrelse, 2021). This means a wide range of care needs for both criminally convicted youth and youth with serious behavioural or psychiatric problems or that might be socially vulnerable - all placed within the same walls (Andersson, V, M., 2012). An individual plan is made including visits and activities, meaning that the youth most often are not allowed on their own and staff has the right to deny wishes or attempts of leaving the institution as well as visits from family or friends (Statens institutionsstyrelse, 2021).

Court		01 Allocation or Sentencing Placement is based on barnkonventionen either LVU from social service or LSU from court.
		02 Assessment & treatment plan A social worker is in personal contact in charge of safety, assessment, treatment and routines in dialogue with youth. He documents why, how and the time frame. The plan is made by SiS, Soc., family and youth regarding: family, education, activities and healthcare.
Social services involvement	Compulsory placement	03 Treatment process Social worker must have regular contact, listen and follow up with youth. All social interactions are part of the treatment: Staff, social worker, groups, psychologist etc. Treatment takes different forms: Everyday tasks, activities, planning meetings, relationships, clinical and psychological methods. The units offer different amount of variation in the treatment. The life at an institution can consist of following as part of de-escalation or routine: Daily routines, Activities, School, Treatment, Isolation, Care in seclusion, Visits in or outside the institution, all of which staff have the authority to approve or not.
		04 Exit process Social service supports an individual plan for a life after SiS, by economical plan, education, accommodation etc. Both for LVU and LSU. Different types of homes in the exit process are: exclusion unit, family home, own family, support home or HVB- home. Treatment can continue but is aimed to reduce.
	Other	

*Fig. 2 Involvement and process timeline
(Eriksson, O. and Klinteberg, J., 2019).*

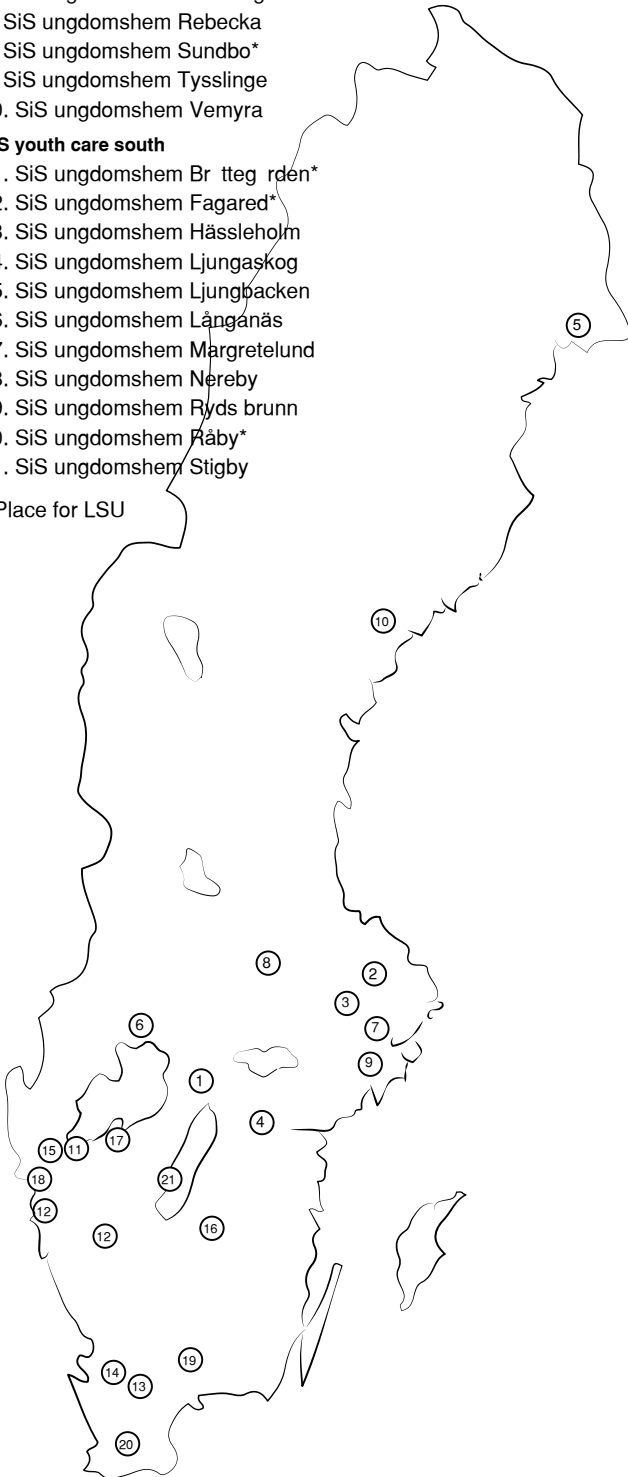
SiS youth care north

1. SiS ungdomshem Bergsmansgården
2. SiS ungdomshem Bärby*
3. SiS ungdomshem Eknäs
4. SiS ungdomshem Folåsa
5. SiS ungdomshem Johannisberg*
6. SiS ungdomshem Klarålvsgården
7. SiS ungdomshem Rebecka
8. SiS ungdomshem Sundbo*
9. SiS ungdomshem Tysslinge
10. SiS ungdomshem Vemyra

SiS youth care south

11. SiS ungdomshem Bräddedalen*
12. SiS ungdomshem Fagared*
13. SiS ungdomshem Hässleholm
14. SiS ungdomshem Ljungaskog
15. SiS ungdomshem Ljungbacken
16. SiS ungdomshem Långanäs
17. SiS ungdomshem Margretelund
18. SiS ungdomshem Nereby
19. SiS ungdomshem Rydsbrunn
20. SiS ungdomshem Råby*
21. SiS ungdomshem Stigby

* Place for LSU



*Fig.3 Distribution of SiS youth institutions
(Statens institutionsstyrelse, 2021).*

Context & Premises

There are currently 21 institutions in Sweden with room for approximately 730 youth. The institutions are divided into SiS youth care south and north. The number of residential treatment units and youth differ among the institutional sites with between 10-60 youths per institution and between 2-11 units per institution (Statens institutionsstyrelse, 2021). The current distribution is based on inhabitants, and location also consider recruiting possibilities and proximity to communication and supporting functions (Statens institutionsstyrelse, 2020b). Strategic establishments are the institutions expected to run long term and therefore prioritized for development, while regular establishment are focused to necessary renovations to run short term (Statens institutionsstyrelse, 2020b). Enough youth are needed to run certain facilities, like school and to be able to run cost-efficient care and treatment (Statens institutionsstyrelse, 2020b).

Management of the ‘problematic youth’ and relocation them from their social and geographic contexts has been a recurring debate in Sweden (Nolbeck, 2022). The idea, as Nobeck describes it, is part of a long tradition of youth work in the society, characterized by the idea of rescue. It is believed that moving to a new area reduces crime. The fact that institutional locations are often rural should avoid maladaptation and neglect due to the destructive urban environment. The spatial, geographic, and social conditions of various social issues are crucial to the construction of the premises, systems, and morals that surround it today. The youth of the first “rescue-institute” were called: “Maladjusted and morally neglected (children)” (Swedish Government Office, 1902, quoted in Nolbeck, 2022).



Fig.4 A random selection of buildings at the youth institutions (Statens institusjonsstyrelse, 2015).

When SiS organisation, was founded in 1993, they took over premises in varied shape (Statens institusjonsstyrelse, 2020b). The premises of SiS institutions was then and are still most often not fit for purpose. They vary between old prison-buildings, barracks, and ranches, representing more than 100 years of building history for compulsory care and passive custody (Lindahl, G. and Park, S., 2017). The buildings were often so-called workhouses, for rescuing youths or for example mining managers and blacksmiths (Nolbeck, 2022). The institutional site usually consists of acute units and residential treatment units and many institutions provide separate buildings for staff, kitchen, education, activities, and apartments for youth within their exit process. As well as specific premises for supporting functions. However, the access and layout differ a lot and no clear coherent strategy for facilities can be read (Statens institusjonsstyrelse, 2015).

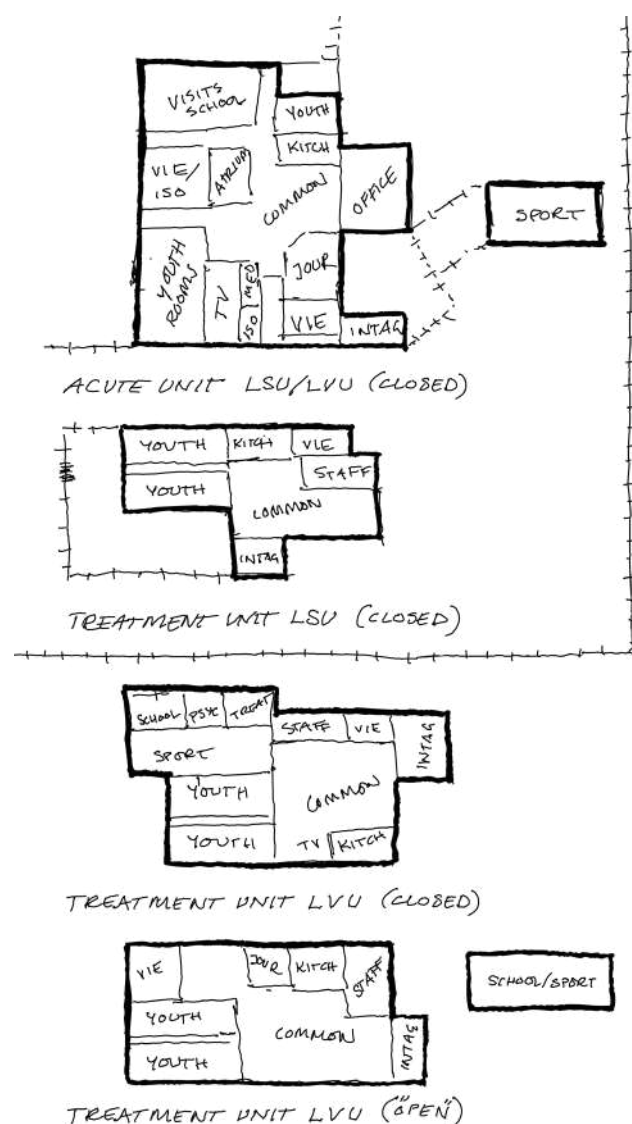


Fig.5 Examples of youth residential units, their security levels and different access to functions (J. Verme, personal communication, 8 January 2022).

Residential units have different levels of security and openness depending on placement by LVU, LSU or additionally with special care needs, where LSU and LVU are sometimes combined. Boys and girls are mainly separated, but units exist where genders are mixed. The example above shows the security levels simplified to four stages related to typical functions, access to functions, and enclosure of the residential units, where youths are placed and potentially relocated between, depending on their process. The fifth and most open stage, is not included in the figure, and is the residential stage for exit, that can take place in SiS units, HVB homes or family homes for example.

SEARCHING FOR OPPORTUNITIES

Premises development & challenges

SiS guide for premises (Statens institusjonsstyre, 2020b) is meant to clarify a long-term development for premises, where the main goals are to be distributed geographically, cost-efficient, proactive, flexible towards needs, safe and a qualitative work and care environment, economically, ecologically, and socially sustainable. The development depends on several regulating documents (Statens institusjonsstyre, 2015). The organization SiS is currently doing prioritized and selective developments of the physical environment, both regarding new building and according to great needs of renovation and maintenance. Geographical placement, size, condition, and capacity needs guides and prioritizes the development. And the development substantially follows standard buildings and standardization. New buildings are prioritized at strategic establishments, meaning the institutions that are expected to support the organisation long term. The existing buildings at both strategic and regular establishments can put as high demands as building new, due to for example changed lease. All development costs over 50% of building new means that a building should be replaced instead of renovated. The prioritization for development is made in following order (Statens institusjonsstyre, 2020):

1. Law or authority demands
2. Ensure capacity
3. Ensure technical/Physical security
4. Ensure quality of organisations core task
5. Strategies for changed capacity needs

Is there a way of ensuring quality, law, and rights with the same importance as capacity, ensuring that entering youth get what they need? By this type of prioritization there is a risk of following, where either alternative would be unacceptable: “No places available” “Places available with low quality care”

Capacity & flexibility

SiS task is to meet the need for youth care based on social services requests, number of inhabitants as well as changes and patterns within criminality, drug use and care needs. There are three types of capacity: maximum capacity (total youth places), planned capacity (expected nr of youth) and actual capacity (nr of places related to the real need). The youth own rooms available need to be equal to maximal capacity regarding renovation and unavailability. The actual capacity can be too low due to lack of employees, damage etc. The capacity of youth places naturally varies every year, and the need is expected to an increase of 11% (Statens institusjonsstyre, 2020b). Flexibility of reducing or increasing capacity, where some institutions have the possibility of closing or opening units can be sustainable. When an institution is insufficient long term and lack this type of flexibility it might have to close (Statens institusjonsstyre, 2020b). Another way to reach flexibility is to repurpose facilities. However, it can be very difficult to meet other needs where security level, number of rooms and program availability vary. Flexibility within potential changes also becomes a difficulty regarding time and money due to their typical 25-year lease. Unclear incitement for property owners increases the production costs and rents since new investments are financed by SiS and premises are financed by desired rent. To meet the financial need and to upgrade the institutions is crucial while buildings that are not fit for purpose risk being closed or run without results (Statens institusjonsstyre, 2020b), where both paths lead to youth's care needs not being met.

Compulsory care development

Unique needs and prerequisites of each unit stresses how the prioritizations are being made (Statens institusjonsstyre, 2020b). From a development perspective this might not support the youth nor the organization long term. Their environments have been witnessed by both youth and staff to often be in very bad condition (Nolbeck et al., 2020), which is most likely part of the negative chain of actions that is explained further on. It could also be linked to the reason why many quit their jobs and leads to shortage of new employees carrying the right education. To run the organisation with sustainable care, SiS need competent employees, rooms for

youth and many other resources. Therefore, capacity need to be dimensioned to be able to differentiate the youth needs. SiS also have a challenge to keep staff to run the organisation due to quality of the standard of the physical environment. Strengthened demands from authorities can possibly impact further improving development but puts high developing and economical demand on the organisation (Statens institusstyrelse, 2020b). The system taking care of the incarcerated youth strive for a more integrated planning model (Lindahl, G. and Park, S., 2017) to meet the need to balance for development where evidence and research-based solutions are discussed in relation to the organization, users, and standards. Different users and institutions have different needs and meeting them is challenging. Framework material might therefore support needs better than standard developments (Lindahl, G. and Park, S., 2017). To be able to meet the necessary needs of the facilities for treatment and care SiS needs to develop knowledge about the premises and its impact. As well as considering mentioned challenges regarding capacity, proximity, ensuring small groups of youth, as well as managing and maintaining qualitative security (Lindahl, G. and Park, S., 2017). A lot of expectations and stress are put on the living units, so I ask myself: What is the role of and place for treatment within compulsory care? Could living units and treatment profit from being extracted? And could a more distinct place for treatment turn this “reflection” around?

Frame of references

The point of departure within researching this field has strong support in the research project at University of Gothenburg [GU] about ‘the incarcerated youth’s socio-spatial experience at SiS’. This is the foundation for an ethically correct background to support the project and the youth perspective and a key source for developing projects with a limited access to user groups. The studied ethnographical data will be used as a guide to shape where and how the place for treatment can become part of the place for change as a whole and work as a complementary understanding method to the preferred participatory processes. Research on the impact and experience of the physical environment of compulsory youth care is generally limited, but in other healthcare areas EBD strategies can be found on design for preventing negative stress,

behavioural and social outcomes (Ulrich, S. R., 2019). Since the project is exploring a treatment facility concept, selected EBD approaches from healthcare (Ulrich, S. R., 2012) are also considered. Closer to the youth situation - Studies have for example been made on “new generation” American prisons, where similarities in the direct staff supervision model is used within SiS. The main research support for behaviour outbreaks and treatment results we can find within psychiatric facilities that address a similar (yet not equal) target group (Ulrich, S. R., 2019). Additionally, extensive research on the experience of the built environment and its impact on mental and social health is available. Strategically applying these fields of research and approaches for design is a way of being able measure improvement and impact of specific design choices within new concepts and could further lead to expanded EBD specified for youth’s needs.

HOW CAN "A PLACE FOR CHANGE" TAKE SHAPE AND PLACE?

Research / Framework / Implementation

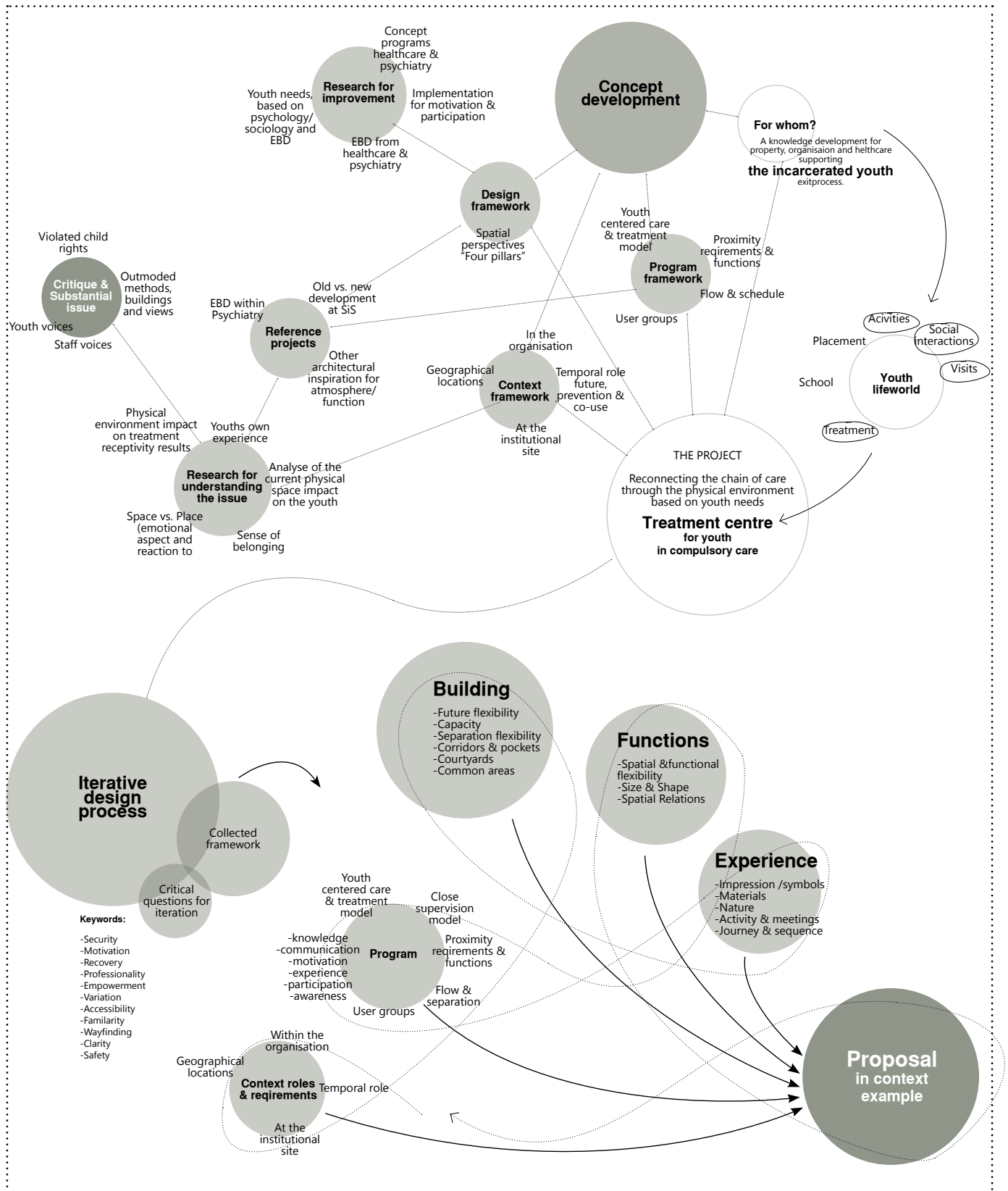


Fig. 6 Map of the thesis research process including: introducing the topic, framing the theoretical research and understanding that shaped the question, resulting in the collected design framework and proposal exploring and rethinking the place for treatment and change.

How can the physical environment for treatment redefine the incarcerated youth's place for change?

How can the place for treatment contribute positively to the sense of belonging and receptivity to care within the institutional sphere for the incarcerated youth?

How can the youth's experienced needs translate into a physical place supporting positive treatment results?

AIM

The thesis aims to explore the incarcerated youths' place for treatment and focuses on how the physical environment can support the youths own experience and what can be learned and integrated between the fields of healthcare, compulsory placement, and architecture. An important overall aim is shifting focus towards the youth contributing to reducing stigma and view of the target group. This means striving for developing a deeper understanding of the youth needs, satisfaction, and receptivity that the physical environment support and consequently result in increased successful treatment rates. Supported by the research, the reflective architectural process aims to explore how the social and emotional experience and concepts of being in place for care translate into the physical environment and place, resulting in both general and context specific reflections and framework. The framework does not intend to replace the use of the valuable participatory design processes, but rather work as a complement, due to the limited access to the user group. The long-term aim is finally to contribute to knowledge development, favouring the future youth experience and path toward exit. Both property, organization and healthcare are welcome to take part in the material to a shift in premises development within the frames of the dual task that the institutions have.

METHOD

The thesis typology is 'research for design' where the process is divided in three main parts: framework research, framework development and framework implementation.

The framework research starts by presenting a contextual background of the youths' situation and treatment process, the premises, and the organisation to collect broader understanding of the opportunities to meet the target group needs. Then a framework theory report is presented as three main parts that firstly identify the target group with main support within the publications of the ongoing research project at Gothenburg University: "The importance of the physical and socio-spatial environment for young people who are cared for in the special youth homes." Ethnographic data is collected from the publications, which are based on interviews with the youths (Nolbeck et al., 2020), to departure from the youths' own experience and identify their needs. Secondly, literature and concepts from sociology is introduced to reflect upon what is required of the youth institution as a place of emotions and meanings that affect the receptivity to care and treatment. Thirdly, the theory turns to evidence-based healthcare design of the physical environment that by relating to different social and emotional perspectives together is concluded/assumed to positively affect the treatment of the youth. Additional sources to strengthen the foundation for framework are personal communications connected to healthcare architecture and staff within SiS related to work in contact with youth, the organisation, and the premises development.

The framework development the main development of the thesis presented as a conclusion of the research though four spatial perspective pillars and is provided as general guidelines for architectural development of a future a treatment facility on the institutional sites. The pillars relate to the various scales of the framework which are: The organisational role, program and distribution, the facility's role at an institutional site and the strategies for development of the building itself.

The framework implementation is an iterative design process that is used to provide a final proposal example of how the framework can be implemented at one of the institutional sites, showing the equal importance between contextual adaptation and general requirements. The site was chosen in with clearance and dialogue with SiS to ensure no secrecy was challenged. The site was used to develop a zoning strategy for future development relating to the treatment facility and presented externally to provide visual context for the proposal. The iterations of the building proposal mainly use hand drawn and digital sketching and digital model visualisations. The iterative process is a parallel development of logistic, volumetric, and spatial experience. The personal communication contacts are invited to give feedback to the proposal along the process to develop closer to the staff and youth needs as well as maintaining a risk assessment of the design. Lastly, the proposal is presented as drawings and diagram of logistics and relations as well as visualisations to represent the spatial experience and functional use of the spaces.

DELIMITATIONS

The incarcerated youth in focus

The project focus on the youth perspective. However, the staff and the organization's point of view is considered for a healthy entirety. The project aims to support a better chain of care by the physical environment and does not consider non-environmental variables. The thesis mainly addresses the youth entering, residing, or leaving compulsory care and should therefore work for all types of residential units (acute, LVU, LSU, special needs, exit). Potential use of the building outside of SiS is introduced only as a reflection to effective the usage and ensure future capacity of the building.

Research

Research aim for a comprehensive and field overlapping view collecting social and emotional aspects connected to physical place and thus not study the sociological concepts in depth. The research support the current development of the physical place and space for treatment but does not go in depth regarding treatment methods. With treatment and rehabilitation in focus the institutional life is looked at as a concept to explore its physical environment enabling receptivity to care.

The project reviews previous research, parts of publicly accessible information from SiS projects and interviews with youth, but does not visit the real site, access confidential drawings, nor carry out conversations with youth. Due to confidentiality and time frame of the project, the suitable ethnographical information collection method would not be supported. The research project on the youth experience as well as personal communication is therefore a key support in this project.

Architectural Framework

The framework development is the main focus for design and iterations as it provides conceptual guidelines as a knowledge development for future premises projects supporting the youth treatment process at SiS institutions. The main prioritization is youth centred care and needs in relation to design. Financials or regulations are therefore not prioritized if considered an obstacle for youth well-being. The capacity of the building is a result from reflection to meet the estimated capacity increase of 11% in parallel with more successful rehabilitation rates, based on social density and the size of the largest institutions today. The project presuppose that the current institutions represent the need of youth placement regarding geographical distribution and is therefore suggested to be distributed accordingly in addition to an own brief analyse of potential sites done in a zoomed-out format.

Design

The thesis is mainly a design project that introduce fields of human sciences for implementations. building design only address the physical space of a new treatment centre and not the living unit or other buildings at the institution. However, the ideal site conditions are discussed in the framework as a conceptual idea for the future institution in terms of a zoning strategy for the proposal as a vision towards the other institutional facilities. The scope of iterations and considerations are delimited to the collected framework aspects which are the social and emotional aspects from the youth's perspective of being receptive to care. Therefore, spatial experience, logistics and program aspects are prioritized over technical details and solutions. Similarly, the aspect of security is rather considered logistically and spatially rather than technically.

KNOWING THE INCARCERATED YOUTH

Youths' experience of the physical environment

Findings from research

The institutional placement, adapting to the institutionalization and the exit process are the three recurrent situations where identity values and possibility of interaction are most vulnerable, where physical factors related to incarceration and coercion can reinforce (Nolbeck, K. and Thodelius, C., 2019). In other words, both the history of institutionalization (Lindahl, G. och Park, S., 2017) and experience of incarceration itself (Nolbeck et al., 2020) play a big role in what affects the role of being in place. The rehabilitation process suffers from differences among institutions, where care for individual needs and care ideology are neglected. These differences lead to negative identity values connected to placement,

conflict situations through both spatial and social structure and youths conciliating with the institution to take control over sanctions and exit. This structure complicates care and demonstrates a need for greater specificity. It has been shown that design solutions that strengthen youth self-control while providing positive distractions and social interactions can favor the rehabilitation process. To make a healthy place to fulfill the incarcerated youth needs, we need to look at the specific needs of the youth and avoid failing "good intentions" (Nolbeck, K. and Thodelius, C., 2019).

The theory reviews the youths' own experience based on publications within the research project at GU: *"The importance of the physical and socio-spatial environment for young people who are cared for in the special youth homes."* where interviews with the youths in their residential sphere have been analyzed into structured and comprehensive understandings. Within the project Nolbeck's doctoral thesis (2022). is based upon *four* studies and provides a strong ethnographic perspective for developing an architectural framework. The first study (Nolbeck et al., 2022c) shows links between repressive strategies and criminal or violent behavior actions concluded as rational reactions. The second study (Nolbeck et al., 2022b) find that the control that staff have over objects and settings affect the definition of the youth home and what happens there. The preconditions require staff for socio-material practices rather than care practices. The third is together with the second, the most valuable study for this project (Nolbeck et al., 2020) and shows the youth experience of the environment intertwining social and spatial aspects that distance them from staff and lead to social exclusion by for instance striving for worthiness of increased freedom. The last study (Nolbeck et al., 2022a) strengthens the second study by presenting a staff perspective that conflicting environmental preconditions also complicate care practices to be conducted since the socio-material generate something else.

A pilot study evaluating the ethnographic methods (James, F. and Olausson, S., 2018) presents three themes from the youths' narrative of the lived space - spatiality: being elsewhere, being disempowered and being punished. These themes can both be related

FRAMEWORK THEORY



"Towards the change I fight, thus everything takes time. As long as I get support from my loved ones I can reach the finish line."

Youth voice from: Sis 2021

to the institutional place and the physical aspects within. Study 1 (Nolbeck et al., 2020) concludes the very essential and equal right to quality care and care environments, to be made by best interest, integrity, self-determination, and partnership, which have been left out and strongly criticized by the Child rights committee (Barnrättsbyrån, 2021). The external spatial boundaries of the institution within society are clear, while the socio-spatial environment within is diffused with negative associations. With a foundation in the findings of the GU research project. I want to interrogate: *how* is the physical space of incarceration a source for dissonance, in relation to social and emotional aspects and the sense of “being in place” for care?

Results from the publications show that personal objects contain meaning within a place and can be a source of connection to the world outside, while institutional objects are found to enhance the negative feeling of being incarcerated, and instead act as a barrier (James, F. and Olausson, S., 2018). The first part of analyzing the ethnographic data of the youth experience is called “naive understanding” and confirms the dissonance of being “in place” using narratives like: *“I want to feel at home, but everything is just temporary. I have learned from experience to never anchor in a place for a long time. It feels like a vacuum, waiting for life to start again. In here, I become someone else. The knowledge of what I miss is tangible; it feels like losing parts of my identity.”* (James, F. and Olausson, S. 2018). The connection to the physical environment becomes clearer when restrictions and rewards are narrated: *“mostly, I do nothing; the institutional environment is characterized by boredom and lack of activity. A passivating environment that limits my ability to move, both physically and mentally, both literally and metaphorically. (...) The institution’s spatial environment hurts, scatters, limits and punishes; it describes what I am and who I am. (...) Everyday spaces become a commodity and something I must deserve”* (Nolbeck et al., 2020). Unintended corporal punishment and restraint is inflicted by poor interior design, pointing at static and unsuitable placement of objects as well as poor technicality and symbolic meaning. The lack of necessary technical security solutions creates an even more passive confinement (James, F. and Olausson, S., 2018).



Fig. 7 Redrawn sketch, originally from (James, F. and Olausson, S., 2018).

"Aren't we supposed to be able to breathe, see what I mean?"

Youth voice from: (James, F. and Olausson, S. 2018).

The physical space offers limited possibilities beyond essential needs. The lack of respect, this way, through and by the physical environment creates an institutionalized state of mind and body, leaving youths disempowered and struggling to regain control. Scribbles and torn wallpapers become a place for shared narratives of isolation, desperation, and loss of power (James, F. and Olausson, S., 2018). These actions are also understood as a reaction to the relational distance between staff and youth (Nolbeck et al., 2020). When reflecting upon the youth experience, the physical environment appears like a tool or outlet for the sanctions to take place. The lack of impact, functionality or appeal felt from the interior creates alienation from objects, society, and social conventions and brings feelings of powerlessness toward returning to a normal life (Nolbeck et al., 2020).

Example of material, space, and situation

The findings from the GU research project concludes that the incarcerated and controlling prison-like design affects the youth linked to theories around the incarcerated context. When feeling at home, a strayed identity of criminality or drug abuse is often

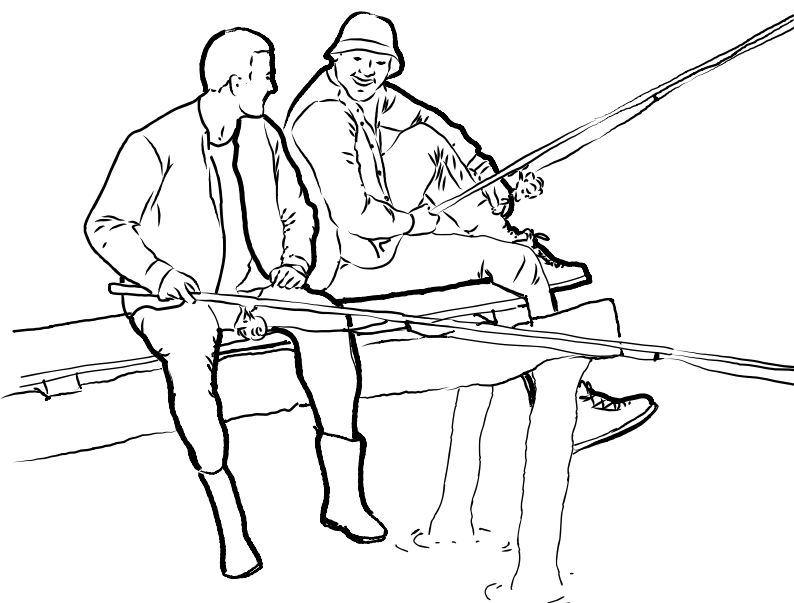
confirmed rather than redirected to positive change. (James, F. and Olausson, S., 2018). The physical negatively conditions relationships and social interactions while reinforcing the stigma of exclusion that likely existed even prior to placement. These interactions are seen as essential for the treatment process and positive results, making spatial pre-conditions as important as the caregivers themselves. (Nolbeck et al., 2020). However, the culture and therapeutic elements of program design within the facility dictate the need for independence and privacy (Bailey, K. A., 2002), and are currently not geared to satisfy each youth. To put a *situation* as example, staff from SiS explain that youth are often brought in for therapy or other sensitive meetings in front of other residents (J. Verme, personal communication, 8 January 2022).

To exemplify the *space* as a platform for actions with negative impact within the youth institution, it is evident that the isolation room's physical space is provided for the use of outdated methods, conflicting with positive care and progress (Barnrättsbyrå, 2021). A place where the boundaries between in- and outside the institution weakens is instead within the room for visits and family, since it allows contact with important people and gives a homelike feeling compared to the institution, a place that seems to have a positive effect on illnesses seen commonly in youth, like anxiety and depression (Nolbeck, K. and Thodelius, C., 2019). Generally, the poor mental and social shape of the residential treatment units are reflected within other environments like school (Ulrich, S. R., 2019). In fact, 70% of incidents are reported within the residential units, of which 25% are in common areas, 20% in the youth rooms, 15% in corridors and 11% in kitchen and dining areas and even fewer in treatment, activity or meeting rooms. In other facilities like schools, only 6% of incidents are reported (Ulrich, S. R., 2019). Another example of youth experience is when relatively small aspects, like clicking sounds from locked doors or a limited number of bananas start symbolizing a deeper existential meaning for the youth and where material and objects become intertwined with the practice. They become manifestation of the situation instead of being educational as intended (Nolbeck et al., 2022b).

"Then there are times when I feel that 'If I (. . .) hear that clicking, that sound when they unlock that staff door again, I do not know what I'll do. . . It's a reminder that it's locked.'"

Youth voice from (Nolbeck et al., 2022b).

Follow up interviews from the second study (Nolbeck et al., 2022b) confirm that "something happens" when in settings other than the institutional. This creates opportunities of evoking connection between youth and staff and reconfiguration of social roles and type of performances or conversations. Within, not enough spaces are provided for youth to create a sense of "backstage". In other words, space to retreat and to pause their social role. Instead, they are dependent on staff to support this. These aspects shows that behavior is tied to setting as well as the values and expectations of situations. Staff strive to control both settings, object, and the definition of situations. However, the definitions of situations are most likely created by the "system". The care and treatment include everyday practices as much as appointments and activity and to "reset" the settings for care the design and materiality need to make space for care practices. "And the study concludes that the institution inherits possibilities to reset since it is not a fixed space (Nolbeck et al., 2022b).



IN PLACE FOR CHANGE?

Why this chapter?

This first part of the theory presents a picture of what space and place mean for being *in place* and consequently being receptive to care. A phenomenological perspective says we can be orientated towards or away from care and change, and that atmospheric health environments are necessary agents for the sense of health in our existence (Roxberg, Å. et.al., 2020). To translate the aspects of youth experience and the incarcerated lifeworld or lived place into a physical place for change, we also need to consider space and place within health and care by understanding different dimensions of being *in place* for care. If one aspect is the concept of disrupting home and relocating, another is the societal view with which youth care is laid out and a third: the socio-spatial and -material practices that the space preconditions. Turning to a more general field within sociology is necessary to understand the human experience of architecture and place in relation to incarceration and control. Sociologist Thomas G. (2000) described the sociological aspects of history, identity, community, politics - many, if not all, sociological aspects as social causes and effects of place. His findings do not conclude a list of clear propositions. However, they give an understanding of physical aspects relating to the sense of place and support how to rethink the place for change.

Defining space & sense of place

Thomas G. (2000) defines place by geographical location, material form and investment with meaning and value. Separating the physical environment and its objects from the human presence creates emotionally charged fields. Doing so makes it easier understand how they influence each other, as well as human meanings related to health, which obscure when looking at space solely as a three-dimensional entity (Roxberg, Å. et.al., 2020). It is therefore necessary to look at space as marking the physical void and place that gives its meanings, feelings, social and emotional relation (Roxberg, Å. et.al., 2020). These concepts become intertwined since presence in the physical space becomes part of the emotionally extended personality that extends beyond the physical body of the individual (Kim, Y.C., 1985). When adding the emotional dimension to space, it becomes subject to

mobility, concentration, and resonance. The physical shapes become the guide on how to move within the space, and the experience of spaciousness can be seen as a degree of being free to move (Kim, Y.C. 1985).

Since social process happens through form (Habraken, 1998, as cited in Thomas G., 2000) adding social density (Ulrich, S. R., et.al., 2018) to the equation will also affect the reaction, relation, and emotion within the space. With this basic understanding, architecture becomes a tool that can also affect the mood and health experienced within and connected to the physical space and the people within (Kim, Y.C., 1985). Culture and history then intertwine relationships and space where associations appear. In other words, humans can be seen as spatial beings, which means that the emotional attachment to place is part of the identity and sense of being in the world. The place provides cues on how to behave in relation to others, a frame for reality and experience, but also where we find ourselves rooted and anchored. Social boundaries that are beyond the physical can therefore be framed by space (Roxberg, Å. et.al., 2020). So, what does the institutional environment need to provide for the youth to feel “in place”? And can that feeling favor the treatment results?

The concepts of ‘Life-world’ and ‘lived place’ might be interesting to introduce in the reflection of the institutional place of belonging by quoting a discussion on health and care related to space and place (Roxberg, Å. et.al., 2020) that “*The life-world of care and health always takes place somewhere.*”, a phenomenological concept of understanding health and care, which is said to consist of existential means on one hand and spatial, temporal and material aspects on the other, where the concepts of space and place can be incorporated. While ‘Lived place’ on the other hand is a sociological term considering attached meanings to health and place, social norms, management, and influence of healthcare institutions (Roxberg, Å. et.al., 2020).

Sense of place can be endless; by material, form, and function, but also derive from endless interpretation and identification by people. (de Certeau 1984; and Etlin 1997, as cited in Thomas G., 2000). One example is by ascribing qualities like ours or theirs; safe or dangerous; public or private; accessible or

not; unfamiliar or known. Built form encourages interpretation but can both enhance or prevent imageability and legibility (Lynch 1960, as cited in Thomas G., 2000). Both continuity and uniqueness are examples of spatial aspects that can cause a sense of place, in comparison to unidentified surroundings. (Milgram et al 1972, as cited in Thomas G., 2000).

Sense of place in a larger context

Looking at place in a larger context, a person's sense of place in a city or neighborhood could potentially reflect the stigmatized miniature of a community created within the institutional sphere and boundary of walls. Where segregation and differentiation are created by spatial means and thus the perceived desirability and quality of life (Alba & Logan 1993; Farley et al 1994; Harris 1999; Lindstrom 1997; South & Crowder 1998, as cited in Thomas G., 2000). The idea of neighborhood is created by people with shared understandings that consequently result in what they do to places or how they destroy them. Neighborhood is not created from the arrangement of streets and houses, but the material forms via invested meanings. The common place itself then provides the platform for collective action and secured identities, norms, values, and memories (Thomas G., 2000).

Differences within the institution and among security levels of different units or different access "earned" could perhaps be understood spatially in the way that form can segregate or exclude people. An example is how neighborhoods and dwellings are placed, built, or zoned differently for different classes or races (DeSena, 1990; Haar, 1996; Kirp et al., 1995; and Wilson, 1998, as cited in Thomas G., 2000). These differences could for example correspond to basic dichotomies like male/female, high/low, light/dark, open or closed. Material arrangements of buildings thereby hold a symbolic meaning of place (Bourdieu, 1990, as cited in Thomas G., 2000). The place as a terrain of power is also connected to the symbolic meaning of place, often found in institutional environments like prisons, institutions, and schools, by spatial qualities of enclosure, display, segregation, and surveillance (Foucault, 1979, as cited in Thomas G., 2000).

Access and design of common or public spaces can also be a platform to "sense place". By providing parks, plazas or facilities that are inviting and accessible

to all, diversity and interaction can maximize the chances of interactions and meetings. However, provided communal spaces are often, in a community context, differentiated by things like property values of the peoples' homes, which are often strategically closed off from each other, clearly determining who is allowed to feel in place (Thomas G., 2000). The physical environment, and certainly the institutional where common spaces are rare, determines and excludes social interactions, roles and actions and is therefore strongly connected to expressions of power (Nolbeck et al., 2020). Additionally, a study confirms that group behavior seems to spring from norms and behavioral rules associated with a given setting (Bailey, K. A., 2002).

"Out of place" behavior

Sense of place and perceivability appears both by feeling invited but also in terms of invited and accepted behavior. An evident example is graffiti, as it is judged as violation when sprayed on subways or public walls, but as art when moved to a gallery (Lachmann, 1988, as cited in Thomas G., 2000). This type of "out of place" practice is a form of resistance against the normative order (de Certeau, 1984; Pile & Keith, 1997, as cited in Thomas G., 2000). Linked to the fact that settings that are shown to shape group behavior (Bailey, K. A., 2002), constructions of deviant behavior, appearance and people can depend upon where they happen, that space or physical environment can define. Yet, deviance can also define space by significant events, often tragedies, which grow into memorialization, stigmatization, or celebration -



that are then conserved, erased, or rectified (Foote, 1997; Gregory & Lewis, 1988, as cited in Thomas G., 2000), which could be compared to the expectations and patterns in which the institutional setting occurs. Since space can be part of determining accepted behavior (Bailey, K. A., 2002), the place becomes part of shaping the general perception of deviant or criminal, regardless of location. In other words, according to environmental criminologists, it means that space has a role in preventing crime rates, though mainly against property (Brantingham & Brantingham, 1990, in Thomas G., 2000). City blocks with bars are an example that have higher rates, indicating that the symbolism is counteractive. Naturally overlooked spaces is an example with the opposite effect (Jeffery, 1971; De Sena 1990; Green et al, 1998, as cited in Thomas G., 2000) that will be expanded on in the next chapter.

Place attachment

Attachment to place relates to personal experience accumulated and associated with place, both tragic and fulfilling and the more and the longer experience or stay within a place, the greater the attachment and rooted feeling (Elder et al., 1996; and Herting et al., 1997 as cited in Thomas G., 2000). Attachment could also relate to interactive and shared processes with emotional meaning to rooms, buildings, or neighborhoods. The bonds within cafés or other local activities and involvement are examples of increasing attachment (Cuba & Hummon 1993; and Hummon 1992, as cited in Thomas G., 2000), which can also be lost when shut down. Places can also be designed to give material form to the intangible by triggering identity, memories or stories that motivate people to return. This way, attachment becomes another important factor to work with within the physical environment. Geographical location and architecture also play a role where for example landmarks or better quality or clear definition of an area creates a stronger sense of belonging.

Personal sphere of "home"

"Home" is one sphere where attachment occurs. The meaning of home and attachment to home is likely the most personal aspect of being in place. It is changeable and presented as three interacting and dynamic dimensions (Roxberg, Å. et.al., 2020). We often see home as a private sphere for personal

growth, everyday life, and the freedom to own routines. But again, no matter the danger, quality, or preconditions of the place we call home - the environment is object to how we integrate the self physically, temporally, spiritually, and socially, where social connections, such as family and friends give a sense of home (Roxberg, Å. et.al., 2020). In fact, environmental factors relating to the treatment atmosphere have been proven to co-create a sense of belonging (Borge & Fagermoen, 2008; and Evans, 2003, as cited in Nolbeck et al., 2020). Our identities are also shaped by routines connected to spatial aspects that the youths are meant to find or create within the institution (that can be seen as the *youths'* home).

Loss of place

What if we lose the sense of place and belonging, or can't even find it? Some conceive the place's loss of distinctiveness as related to losing reality and significance. This corresponds to the loss of place that can be devastating for identity, memory, and history as well as psychological well-being. Studies of the homeless have found that being without your own place, that we could call home, is to be as much as non-existent (Dordick, 1997; Rossi, 1989; Snow & Anderson, 1993; Wolch & Dear, 1993; and Wright, 1997, as cited in Thomas G., 2000).

Reflecting the loss of place, the relocation of a youth becomes an example of displacing temporal and spatial routines (Roxberg, Å. et.al., 2020) since they're often inadequate. The result of displacement or relocation could vary (Brown & Perkins, 1992, as cited in Thomas G., 2000) as much as the cause for it. It could be both forced or voluntary, temporary, or permanent. Even without going anywhere the feeling of displacement can occur, for example by violation of someone's personal space and creating insecurity (Brown & Perkins 1992, as cited in Thomas G., 2000). Within the institution, the private space of home is being accessed by others and thereby lost (Roxberg, Å. et.al. 2020) and even the sense of being at home is lost when not being able to integrate yourself with the many aspects of space (physical, social, temporal & spiritual) (Roxberg, Å. et.al., 2020). Finding yourself in place might be even more complex since the youths are not a homogeneous group, neither with homogeneous needs and still

expected to adapt to formal and sequential behavioral expectations from staff (Nolbeck, K. and Thodelius, C., 2019). This lack of feeling at home can lead to what we have seen from youths' own experience that place passivates, where restriction, powerlessness and confinement occur (Roxberg, Å. et.al., 2020). The institutions' contradictory tasks and values of treatment and criminal justice logic that complicates everyday practice, often sets security above care. The special youth homes are combining contradictory institutional types of both individuals that cannot take care of themselves and the ones that society needs protection from. This legal and social hybrid that acts both as home and workplace (Nolbeck, K. and Thodelius, C., 2019), reflects the reduced possibility for youth to feel in place by obstructing the freedom to routine and self (Roxberg, Å. et.al., 2020), while also being a passive place of control. Worthiness in standards of behavior and requirements is tied to settings of the actions, however, the "outside" values of society also have influence (Nolbeck et al., 2022b). Goffman (Goffman, 1990, as cited in Nolbeck et al., 2020) describes that everyday context of living and perceiving space include both spatial and social aspects that influence the performance of self and desired behavior. In relation, Foucault (Foucault, 1982, as cited in Nolbeck et al., 2020) explain the spatial dependency of power that influence the intangible borders of social roles. Youth experience loss of control over self-presentations in assessment situations (Enell, 2015, as cited in Nolbeck et al., 2020), which become more prominent in the incarcerated physical environment, that results in not recognizing themselves. The socio-spatial aspects of control that reinforces social exclusion such as regulations and spatial attributes create both loss of control as well as impact how they view themselves according to stigma (Kitsuse, 1962; Loseke, 2001; and Ugelvik, 2014, as cited in Nolbeck et al., 2020).

A bad chain of dissonance can be identified, possibly founded in, or at least supported by the physical space. Starting with the youth carrying a bad experience or background, placed in a poor environment or "community", gaining an institutionalized mindset, feeding negative response, expectations and punishment from staff, negative response that has bad influence on staff behavior and work satisfaction, and lastly no trust or treatment results achieved. This

way the dissociative identity is enhanced. It is seen in child psychiatric environments that the nature of the environment was more clearly connected to negative behavior than internal pathology of the residents (Bailey, K. A., 2002). It is also shown that if we can implement solutions that support the reduction of aggressive and stress related outbreaks and instability it will influence the staff positively and foster better care to exit (Ulrich, S. R., et.al., 2018) and thus break the bad chain.

From dual task towards youth centered care

If we instead shift the view of the place to something active and participative, it can contribute to health and care (Roxberg, Å. et.al., 2020). The youth centered care model should aim to replace the term readaptation by the term change, which is also a shift in perspective from a passive client (an object) readapted to an active client (a subject) which must change its situation to meet the demands of society (Lindahl, G. and Park, S., 2017). To support the youths' feeling of controlled behavior, emotion and life, the therapeutic environment plays an essential role. The symbolism for the new treatment environment must transmit hospitality rather than hospital. Within institutional boundaries, where the physical environment may either confirm or redirect the youth, the proposed direction of design features should relate to the outside world and everyday setting of design (James, F. and Olausson, S., 2018). This type of spatial setting would instead provide for interaction and action to develop and maintain your identity (Bailey, K. A., 2002). Mental health and behavior are affected by all aspects of the occupied physical environment and for children this environment conveys their interactions with caregivers. This active environmental interaction thus sustains the child's development (Bailey, K. A., 2002).

Improving the physical platform could potentially also support the difficulties of finding a home when leaving the institution, and shift the opposition towards the deinstitutionalized, that the process of reattachment is often obstructed by (Dear & Wolch, 1987; and Taylor, 1989, as cited in Thomas G., 2000). Preventing unstable interactions within the rehabilitating sphere will also support the unfamiliar environment after exit. This type of prevention can

also be temporal, meaning that activities within the space can reduce stigmatization as well (Nolbeck, K. and Thodelius, C., 2019). The physical environment is not the only support needed for the youths to be in place for care. The attitude and management from the staff will also influence motivation. Apart from the physical environment, and the experiences and possibilities it offers, the pedagogical direction used (Reggio Emilia), is built upon two other educators, in this case: the staff and their professional treatment methods, and the youth, their social context and coherence (Lindahl, G. and Park, S., 2017). Together with aesthetical and temporal aspects of the environment the sense of “only being the client” can be reduced. The design and the relations of the physical space thereby support the everyday routine, reduce passiveness from the youth and create values, safety, and the feeling of not being alone (Nolbeck, K. and Thodelius, C., 2019). A key aspect of the supervision and observation model is the proactive training of employees. Direct and frequent contact where staff move about with residents enables staff to get to know residents and identify and respond to any concerns or issues before they escalate into aggressive behavior or other serious rule violations, which among other things requires small groups of youth (Ulrich, 2019). Additionally, the need for therapy sessions, to talk through problems or just communicate with staff needs to be held in a healthy tension to the need for integrity and be designed not to be interrupted by “house traffic” - the flow of staff or other youths (Bailey, K. A., 2002).

The pieces of findings for shaping the place for treatment raises the idea of relieving the residential sphere from expectations and pressure and to add a place nourishing motivation with integrity and empowerment. Just like the living unit could gain from more clarity in its everyday settings, activities for care and scheduled treatment programs would most likely benefit from adding youth spaces where opportunities of non-formal learning are encouraged (Brady, B. et.al., 2018). An example of such space is the youth café model from Ireland (Brady, B. et.al., 2018), which is perceived as a relational space for developing relationships, inclusion, and participation. The youths from this study are not under compulsory care, but some of the participants experience the café and this type of social support could act like a buffer

against stressful or unsafe events earlier in- or in their regular life (Brady, B. et.al., 2018), something that many of the incarcerated youth’s experience.



"I know I can tell the youth workers here things about my life that I can't tell anyone else, and this is why I keep coming here."

Youth voice from: (Brady, B. et.al. 2018).

To reconnect the chain and process of care towards being positively perceived, the youth’s mistrust of the system that the youths have expressed (Nolbeck et al., 2020) needs to be rebuilt. Looking at youth care in non-compulsory environments abroad, multi treatment programs that contain a wider range of activities are not uncommon, unfortunately not equally accessible. These programs expand on the idea of youth participation and experience as part of the youth centered care. A program example is Newport Healthcare (2021) where a family and youth centered approach is key. Reflecting the family rooms that have shown positive effects on the youths at SiS this concept derives from studies showing that low family support correlates with severeness of symptoms or mental illness. Their program has shown improvements in both well-being, suicidality, academic skills, and family attachment. They could also see that even if patients were not motivated to enter care, they showed improvement and a strong bond to their therapists and goals. Lack of success finding these types of programs in Sweden says something about the availability to them. Within the treatment process at SiS, it is possible to find the aspects of a multiprogram, clinical treatment and therapy, experiential by different activities, social training as well as educational. Still, the physical environment seems to be one of the largest obstacles

for these factors to work and be received as a coherent program of care. Changing the physical space towards more independence and positive association is challenging security and would obviously demand more trust between staff and youth, and has been proven to create that (Wijk, H. et.al., 2020).

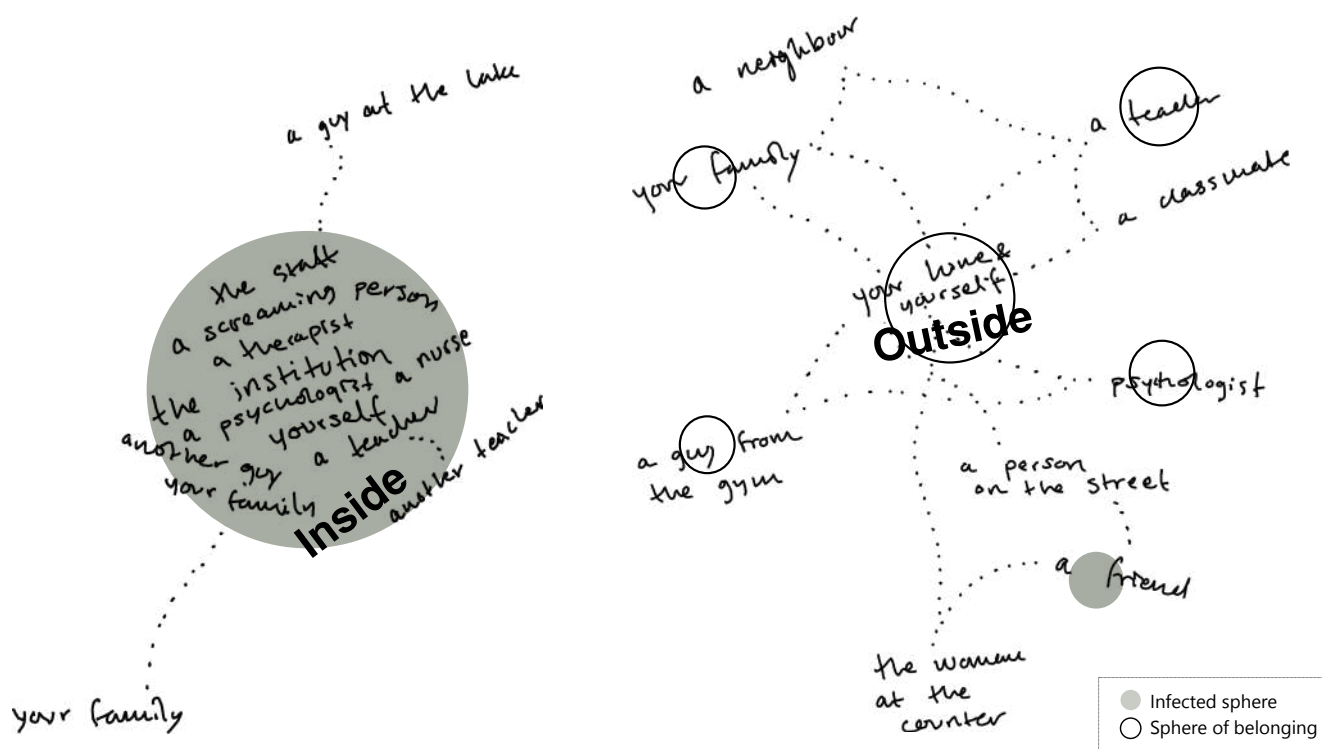
"One must dare to trust youths, to make a difference."

Youth voice from: (Nolbeck et al., 2022b).

Takeaways

The institutional space (whatever defined by the physical) sets a foundation for how it develops into an institutional place (however perceived emotionally and socially). The attachment of this place then facilitates the sense of well-being and security as well as defining groups, behavior, and stabilizing identity (Thomas G., 2000). Accordingly, a state that creates receptivity for care. Within the strict borders of the institution if one relationship, space or object is associated with conflict or negativity, the whole sphere risks being infected. Outside the institution, if one is associated with conflict, there are other places to go. Should we be shifting and rethinking the dual task that is put on the residential sphere? Clearly, when accessing other settings, the negative socio-material or -spatial effects dissolve.

The fact that identity values are vulnerable to the physical environment and the incarceration process leads to the understanding that just like in school, treatment will benefit and simulate the "normal" routines more fruitfully with clearer boundaries. However, the schools are given different preconditions. Then, should the needs of youth be incarcerated into one building? Or could the residential unit benefit from extracting the official place for treatment? Could that potentially expand the youths' lifeworld and lead to "a more home-like feeling" or "better place" for both home and treatment? From the larger scale of representing a "normal life" or a setting to practice "normal" in, it is important what behaviors and feelings the physical environment mediates and to consider in what settings the different aspects of rehabilitation happen. For example, is it clear for the youth that access to bananas is part of treatment? In any case it does signal a reception of inequality. Neither does the fact that different settings should be earned as part of the treatment, support the idea of equal access to treatment. This part of the theory guides the conceptual idea of location, settings, and meanings to be further integrated with spatial and material design.



A SPACE FOR CHANGE?

Why this chapter?

It is necessary to understand youth needs and overall experience from both conceptual and pragmatic perspectives within the physical environment, in order to develop a spatial framework that supports change. A framework that always considers the relation to an incarcerated and compulsory environment and always ensures security. To simplify the supporting theory, this chapter presents *four* identified perspectives on how a physical environment for youth-centered care can support the ideas of place, improve treatment, and thus support a life outside of the institution. These perspectives are presented as *the individual, the social, as platform of care and as spatial impression*. However, these perspectives and the aspects within overlap and relate to each other in many ways. We will look at both direct aspects such as quality, furniture arrangement, intentions, privacy and density and indirect aspects such as personal control, social support, and recovery.

Current framework for compulsory youth facilities

Roger Ulrich (2019) presents an evidence-informed model for designing the youth living units, including factors of different degrees of evidence strength, to improve safety and treatment by preventing behavior like emotional outbursts, backlash, or restrained self (Nolbeck, K. and Thodelius, C., 2019). It consists of ten factors in following categories: crowding stress reduction, environmental stress reduction and positive distraction. It also propositions the importance for architecture and treatment model to be a good fit (Ulrich, S. R., 2019). The model is shaped from a residential point of view. However, the most credible findings come from other fields dealing with treatment, detention, and residential facilities (Ulrich, S. R., 2019). This give ground to extract the aspects that can be related to a new treatment facility. Parts of the model are drawn from an empirically evaluated design framework for Swedish psychiatric facilities (Ulrich, S. R., 2019) and it also reflects information from three workshops attended by SiS staff. The aspects that are relevant from a treatment point of view are stress reduction (such as crowding and noise) and observation, aiming for direct supervision and treatment from staff that is balanced with the facility design. These aspects

are seen in other environments to improve the rehabilitation process and reduce negative behavior patterns and stress (Ulrich, S. R., 2019). By looking more closely at evidence-based design in psychiatric environments that have similarities within the target group needs, we can inform the physical space for youth rehabilitation.

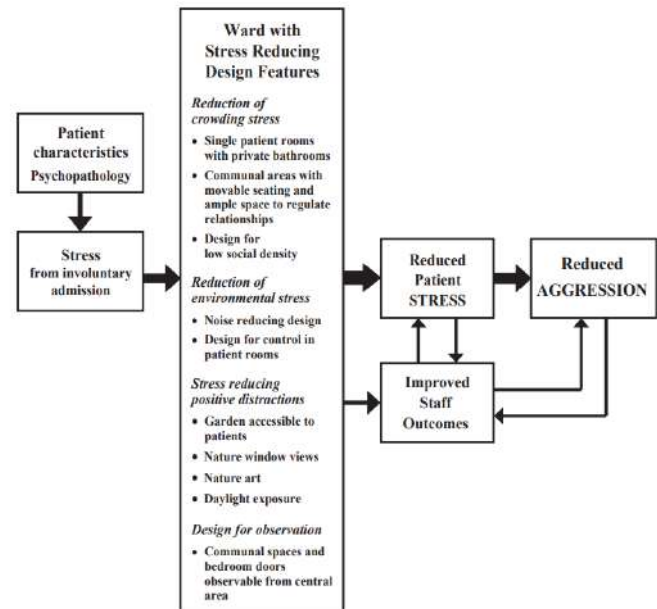


Fig.8 Conceptual model for designing to reduce aggressive behavior (Ulrich, S. R., et.al. 2018).

An article describes another conceptual model for reducing aggressive behavior (Ulrich, S. R., et.al., 2018) and compared how the physical environment within old and new psychiatric care units affected patient aggression. Results showed that implementation of several of the Evidence-based design features will have more impact than few (Ulrich, S. R., et.al., 2018), meaning that also the architectural features can support a positive chain of reactions and minimize stressors. Examination of design features showed that wards in the new hospital outperform wards in the old and control hospitals in terms of design characteristics for all conceptual categories in the model: reduced crowding; reduced environmental stress; positive distraction; and overview design. In particular, the new wards could more clearly identify design features important to reduce crowding and stress. Except from integrity within the private spaces, the common areas with option of adjustable furniture and generous space to adjust relationships, as well as a lower social density had positive impact. Using the conceptual models

to systematically measure the correlation between space and behavior is suggested to also compare and evaluate youth facilities and the extent of impact from evidence-grounded design (Ulrich, S. R., 2019). These results could provide a database as a foundation for development of an efficient framework (Ulrich, S. R., 2019) but also see where prioritization should be made.

A healing or harming environment?

The healthcare architecture we are planning today is mainly based on rational models, with rooms and premises that support performance and care takers. These aspects will also characterize a part of the treatment environment that benefits the targeted youths. However, by only looking at the problem picture of the youths, design would lack the aspect of meaning and enabling to receptivity of the care itself. To be able to call it youth-centered care a holistic perspective of man is needed. In the holistic perspective, space consider the care takers entire life world and subjective experiences which can be seen as the salutogenic perspective.

The handbook of salutogenics (Mittelmark et.al., 2021) describe Antonovsky's theory that starts from a health perspective that considers health - disease as a multidimensional phenomenon, i.e., that health is not an "either - or" condition. The focusing is rather on what works and what makes us feel good and perform better regardless of what our starting position is. It focuses on how an individual experiences and handles their situation regarding illness and health, instead of letting diagnosis be governing. From that perspective, Sense of coherence and meaning (SOC) is central for people to reach, develop and influence their health positively. The evidence-based design recommendations that will be mentioned further on partly weighs in the salutogenic perspective however it deserves to be mentioned separately since the thesis does not work with salutogenic perspective in detail nor as a major focus.

Wayfinding and clarity in the environment have in evidence-based design proved to be extremely important when you are vulnerable. Important factors in the environment are that they are easy to understand, that they are stimulating and that they are beautiful, which increases the experience of

control and support. The psychological atmosphere of the environment also contributes to human well-being and willingness to stay in it. The experience of coherence is also a combination of complexity and balance in the design, that contribute to interest and positive attitude (Ulrich, S. R., 2012). Our experiences and reactions of the world around us thus contribute to processes that can inhibit or promote health

Evidence-based design for healthcare is today strongly integrated in developing healthcare environments in Sweden. Both for patients and for staff. The health benefits of access to daylight, natural and attractive environments (Ulrich, S. R., 2012) are widespread knowledge but can be looked at from specific benefits connected to reactions and needs that we can identify from the youth's experience. Presented to favor patient and staff satisfaction within the healthcare environment (Ulrich, S. R., 2012) and the youth institution (Ulrich, S. R., 2019) is viewing and being in nature's positive effect as a distraction from outbreaks and both psychological and physiological stress (Ulrich, S. R., 2012). Strong evidence show that an accessible nature space can increase the sense of control by providing a place for privacy, or socialization (Ulrich, S. R., 2019). Together with access to nature, attractiveness, and quality of the physical environment, the possibility to adjust it (such as light, comfort, furniture, sound, and temperature etc.) is especially important in compulsory and long-term care environments since evolving evidence shows that except from reducing stress it prevents isolation and lack of control (Ulrich, S. R., 2019). This must be balanced not to have opposite effect by complicated remote systems (Program för Teknisk Standard [PTS], 2018). The physical environment supporting mental illness and the complex target group needs is understood to encounter many challenges regarding contradictory values and experiences of the space.

"What may be a perfect space for one body could instead be a set of obstacles for another."

(Roxberg, Å. et.al. 2020).

Sensitivity to different impressions in the spatial experience is common amongst people with mental illness or psychiatric diagnosis (PTS, 2018). This means intention when choosing material etc., as well

as focusing on positive distraction where natural elements are leading (Ulrich, S. R., 2012). People with diverse backgrounds or clinical pictures react differently on stimuli. It is therefore challenging to generalize evidence for preference. One aspect is color, which has not been proved directly connected to well-being. However, it could give short-term physical effects, clarify wayfinding as well as creating stimulating and varying environment in comparison to the monotone experience many have from hospitals. At the same time, it should not stand out too much with an unrecognizable language and it should reflect the type of effect, for example calming or activating, that a specific space aim for (PTS, 2018).

Different purpose of rooms also means different level of security that is likely to be the most central aspect of the compulsory environment with the high risk of harm to self or others. As mentioned, a lot of regulating documents are applicated. *Socialstyrelsens säkerhetsföreskrifter* (2006:9) is one describing that the emotional and physical environment is a precondition for de-escalation and compulsory actions to take place with respect to the patient. To manage an experience sensitive approach to security that the physical environment should support, the spaces are rated in terms of security level i.e., staff presence and risk of harm or suicide, which determine material and functional choices (P. Månsson, personal communication, 4 April 2022).

Variation is also needed in terms of activities as well as the natural environments (Ulrich, S. R., 2012). For example, healing vs. active, being vs. interacting, social vs. private. For example, in treatment gardens, which are reflecting other spaces as well, a collection of biophilic design features can guide and reinforce the treatment goals and is seen as important for psychiatric hospitals (Karlin and Zeiss, 2006, as cited in (Cooper, M. C. and Sachs, N., 2013). These aspects are shown to improve satisfaction, self-image, behavior, staff mood and punctuality (Cooper, M. C. and Sachs, N., 2013). This includes safety in terms of escape or harm to self or others with objects in the garden; social arrangements and sizes; avoiding light with glare and materials or greenery that can be seen as threatening; including water features and temporal cues, that implies movement and time changing like for example aging materials; and

implementing large and low windows is another overall aspect that may improve sensory abilities and reduce delirium and paranoia (Cooper, M. C. and Sachs, N., 2013). Caretakers that experience stress prefer natural scenes both real and art over abstract art, that risk having a negative effect (Ulrich, S. R., 2012). Exterior views are essential; however, spaces need to consider the public exterior insight to not let integrity suffer (PTS, 2018).

A platform for youth-centered care

To support healthcare functions, I turn to concept programs within healthcare, both for a healthy and efficient staff environment (PTS, 2015), treatment sessions (Västra Götalandsregionen, 2018) as well as additional knowledge from activities that can complete the treatment program. Physical environment should be prioritized as much from a staff perspective as any other perspective. In this case it is especially important since the staff experience that the material and spatial preconditions does not support the care practices (Nolbeck et al., 2022a). Additionally, it is shown that work effort is improved in better environments by improving staff health and well-being (Ulrich, S. R., 2012). In other words, a work environment affects the work carried out. On another note, staff in psychiatric environments have reported that even when they have the same behavior against patient, the patients experience better care in new compared to old environments, which strengthen the evidence of physical environment having an emotional effect on care experience (PTS, 2018; and Ulrich, S. R., 2012). The quality of care from the patient's perspective was also studied in psychiatric environments through a three-year follow-up study with patients in Västra Götaland (Wijk, H. et.al., 2020). After relocation to environments designed with evidence-based strategies an increasing positive experience was confirmed. This study also considers the aspects of EBD in terms of overview that shifts from authority control to safety and contact. The degree of openness and incarceration also becomes important connected to the 'lifeworld'. We want to avoid the place to become a place that you are rewarded to enter (Nolbeck et al., 2020).

Learning from psychiatric treatment environments (PTS, 2018) patient-related administration or team stations can be placed with visual contact between

youth and staff, especially spaces like waiting areas where youth can then be accompanied to their meeting. A suitable work environment would also contain activity-based administrative spaces (PTS, 2015) to optimize use and effectivity when shifting work tasks often as well as varying contact with youth (J. Verme, personal communication, 8 January 2022). Smaller treatment units, groups and spatial relations can create distance and favor both social situations, self-value and create more stability and safety, since deviant behavior and situations can get more support (Ulrich, S. R., 2019). It can for example be efficient to rearrange or move the border between functions depending on groups size or use of activities as well as considering supporting functions or administration connected to several activities (PTS, 2018). Within the entrance that are the most open space reception could also give opportunity to speak separately with receptionist and if self-check-in is provided it should be located considering integrity but should also be easy to find. Reception and other socially exposed spaces might also need to consider retreat paths determined by security risks (PTS, 2018).

Both psychiatry and the youth institutions mostly serve a group defined by diagnosis, age, or city of residence. However, it can be favorable to co-ordinate several treatment or activity functions and services. For example, this can create development between staff and provide financial gain from co-used facilities. This can regard both municipality as well as other supporting organizations and associations (PTS, 2018). Considering general youth's needs in relation to capacity and utilization, a development society could favor from is co-using activities as well. Within White architects' concept program for children and youth sport halls (2020) it is stated that the current design is based on old norms and needs. And sport facilities are absent in many locations all over Sweden, where schools seem to suffer the most. Dense cities, economy or priorities does not always allow it. This states the necessity of the building facilitating use by others when it is not being used by youths with compulsory placement. For the youth under compulsory care, just like other spaces, the perspective of physical, sensory, cognitive, and intellectual variations is just as important and relevant to strengthen. Except from measurements of the main hall, focus should be on connecting spaces, orientation, sound and visual

impressions, accessibility and inclusion, zones, or functional variation. Though, with the guidelines of 43x26 meters both rule-based sports and free movement can take place (White, 2020).

Integrity vs. interaction

One of the most important ingredients to the compulsory environment for youth, as well as other compulsory environments is the gradient of interaction and integrity that is shown to determine the level of negative spatial triggers (Ulrich, S. R. et.al., 2018.; and Ulrich, S. R., 2019.). Related to the sport facility, changing rooms is known to be a challenge when it comes to integrity. White (2020) suggest different arrangement for efficient use and different levels of privacy. Matching this with the youth's needs a combination of private shower booths, to always ensure integrity. Showers and bathrooms need to be a safe sphere where one can find acceptance for their body and its functions. Privacy and psychological safety will not be achieved with for example stall doors and lack of mirrors (Bailey, K. A., 2002).

Strong evidence also indicates that the physical environment that constrains the choice of privacy and social interaction is linked to crowding stress and related aggression, when stressors such as noise and conflicts are harder to avoid (Ulrich, S. R., 2019). A low social density is essential to reduce stress and experienced crowding and can help moving about in positive relation to other potential stressors (Ulrich, S. R., 2019). The report on youth homes (Ulrich, S. R., 2019) uses the factor of social density (the number of residents divided by the total number of rooms in the unit accessible to residents) to define the living units. Environmental psychology distinguishes social density (people per room) and spatial density (sqm per person), where non-hospital environments have shown that social density has more impact on negative behavior (Ulrich, S. R., 2019). Maintaining a low social density of <0.5 per room is considered a well-designed living-unit that contain single bedrooms, private bathrooms, and communal areas. This facilitates the opportunity for residents to control unwanted interaction and stress (Ulrich, S. R., 2019). Youth with a background of antisocial and aggressive behavior need more distancing and personal space than those with no such background, which require spacious common areas. In these areas an adjustable

environment can favor the individual impact as much as the social. By providing semi-movable and intentional seating arrangement provide personal distance and control of interpersonal interaction (Ulrich, S. R., 2019). Dividing these activities and still providing visual overview could be done with dividers, half-walls, or open bookshelves. Window seats or reading nooks of individual pockets is an alternative way of providing separation from others (Bailey, K. A., 2002). This type of interior breaks could not only support the possibility for the youth to withdraw, but also make better sound conditions within the living space (Bailey, K. A., 2002).

The residential social density is not directly translatable to a treatment facility but can inform the spatial possibilities provided. Both social and spatial density should be considered to determine a suitable building size and program. If qualitative design offers a variety of spatial places to be used and interacted within - less space is needed per patient and would by that make the building more effective (PTS, 2018). As an example, from the follow-up study (Wijk, H. et.al., 2020) these aspects should be looked at in relation to provided spaces, while a big garden could still trigger negative reactions if the number of people in the building is too dense without the possibility to withdraw, and the number of people present has an overall impact. Reviewing the literature about the challenges of the youths' environment, aggressive and emotional outbreaks seem to be one of the aspects influencing and being influenced by others and thereby the negative chain of events. Related to culture and therapeutic programs, a major factor that triggers outbreaks is receiving "Bad news", which makes it necessary to consider the integrity of the space and time for this (Ulrich, S. R., 2019).

Architecture could also reduce the negative effects of crowding by defining depth and creating a sense of social buffer zone, meaning designing the number of spaces you will pass from one point to the other. This type of depth will still need to accomplish a visual openness. The visual openness also reduces the need for rules and prohibitions (Bailey, K. A., 2002). New psychiatry wards (Ulrich, S. R., et.al., 2018) used the majority of suggested improvements from an evidence-based design model such as visibility and single bedrooms. The model of improvements

reduced seclusion, aggression, violence, injuries to patients and staff as well as the need for restraints and compulsory measures (Ulrich, S. R., et.al., 2018). These concepts indicate that it is the design of the space that trigger outbreaks rather than size. Since readoption is the goal, social interaction should not be avoided.

A non-institutional institution

Non-provocative design leads us to consider non-institutional design (Ulrich, S. R., 2019). Connecting back to the notion of being in place, detention and treatment facilities are widely recommended to work with home-like designs from best practice. But the concept is vague, sometimes ineffective, and often an obstacle to evaluate links to negative reactions (Caldenby, C. and Lundin, S., 2017). After all, architectural features that invite sensory and tactile perceptions such as touch, smell and temperature can give similar impressions of security and acceptance as home, and all have the power to make the space inviting and pleasant. It is likely that when quality or beauty is provided for personal use, it tends to protect itself and less damage is made to it. This means that the materials, decorations, and furniture can and should be used to give a sense of importance and dignity to the youth (Bailey, K. A., 2002). Turning to reference projects for spatial experience (Caldenby, C. and Lundin, S., 2017; From, L. and Lundin, S., 2009; and Asfour, K.S., 2020), several projects have evoked feelings of belonging and a sense of hope and recovery. And even if the results can only be measured post-occupancy, the chance of positive outcome increases when adding emotional qualities to space, rather than not. No matter culture or geography, it could clearly be adopted as a universal language (Asfour, K.S., 2020). Though, it is necessary to reflect on what the "home-like" environment means and use this guideline for a more complex concept with multiple environmental attributes that calms, respects, and distracts in a positive way (Ulrich, S. R., 2019).

When designing attractive and new treatment environments we need to be critical and have in mind that again, everyone will react differently. For work connected to psychiatry, Franz James, also part of the GU research team, interviewed patients at psychiatric wards about their lived experiences (Caldenby, C.

and Lundin, S., 2017), which appeared with very different narratives. Some points out that it “is like hell”, while others think that it is better than prison. Providing a “nice” home can be received in different, and sometimes failing ways. This is an indication that we see in the current youth facilities as well, where moments of hope do appear between the many negative experiences (Nolbeck et al., 2020). Safety and security are not synonyms. However, security is achievable by making sure that the caretaker feels safe in their environment. Design expressing mistrust or danger risk developing incidents or trigger harm (Thomas G., 2000; and PTS, 2018), when intentionally and sometimes fragile design choices are untouched. This idea has been expressed by interviewed youths (Nolbeck et al., 2020) as well as psychiatric patients (PTS, 2018).

"Two things remain irretrievable: time and a first impression."

- Cynthia Ozick

The environment and especially the spaces of more independence, should be based on comfort, acceptance, and importance to create the atmosphere of such a space. It could partly be created by building trust through visual or physical access to preparation and dignity in amenities, by using ceramics or glass rather than plastic (Bailey, K. A., 2002). These ways of easing and facilitating individuals calm, and participation is also likely to favor the socio-spatial experience (Nolbeck et al., 2020). Suggestions conclude that an active place where the youths are integrated in the choices towards and along their rehabilitation, and not just in planning their own treatment and progress, but in the environment that it takes place, will also favor socio-spatial experience. Other aspects that can create a less isolated and institutional experience are quiet door alarms, identity tags for access or self-check in between functions (PTS, 2018).

Relationships and understanding are the appropriate therapeutic culture in residential care over control of behavior, in order to flourish wholeness, healing, and hope. This can be created in connection to attachment theory where program and facility design are dependent on each other. Changes towards such kind has been seen to promote relationship building

and reduce negative behavior and a warmer invitation to the physical environment was created (Bailey, K. A., 2002). The cost related to staff training for this type of program is often down prioritized, but it has been found cost-effective by long-term reducing maintenance of the space. With this type of result, it is clear that the culture and philosophy are most important within the program to improve health. And thus, the space it takes place the most important tools for its symbolic expression and cultivation. But only if a true sense of safety and belonging is achieved, and not by trying to replace the place for “home” (Bailey, K. A., 2002). Not only structural design and objects themselves, but their aesthetic quality carry messages in this place we call the youth home (Bailey, K. A., 2002). The architecture and design have an impact along with functions and sometimes without, meaning that art can be a silent healer.

"When beauty is provided for someone specific it can be a protector of the object in itself."

(Bailey, K. A. 2002).

Meaning that: if choosing shape, material, and objects with care, and with the youth in mind, it will reduce the risk of intentional harm and hence the negative impact from the physical space (Bailey, K. A. 2002).

So, for the facility to contribute to rehabilitation we need to evaluate how to reach a non-provocative, secure, and qualitative environment for all, and design with the intention for it. Though it is necessary to consider that even if architecture is reviewed as attractive by architects, it might be the least attractive for others or the other way around, since experience is based on many different criteria, where some are more cognitive than emotional for the architect. This difference underlines the need for dialogue with the users (Ulrich, S. R., 2012).

As mentioned, studies have shown measurable positive results from implementing EBD design strategies and well worked through theoretical models (Wijk, H. et.al 2020; and Ulrich, S. R., et.al., 2018). At the same time Lundin S. and From, L. (2009) points out the comprehensive and complex picture of these factors and pays attention to a potential

risk of isolating single factors as meaningful for rehabilitation and care. Lundin S. (2015) also states that the answer to healing architecture is not EBD alone and no one has either claimed that it is. But as stated, if only 5 % of the knowledge volume is evidence, what is the rest? Intuitive decisions now seek to be guided based on the construed basis of the youths need in their physical space for treatment and then translated and interpreted by the intuition of iterated and reviewed architectural results. The impression of the architectural result might also be results of an expectation effect, where the beautiful and the ugly environment gives us different emotions and thus expectations of recovery (Lundin, S., 2015). Even words and pronunciation play a role in the expression and design of the development through expectations and associations. A model with triangular aspect is mentioned within the guide for premises (Lindahl, G. and Park, S., 2017) and touches upon these expectations that can also be explained as symbols and metaphors to describe the intentions of design with. For example, it could talk about what a fence is representing for user and viewer. The other aspects of the triangle are work environment and its measurable aspects, and lastly, mental configuration that can only be reached through the experience of the user (Lindahl, G. and Park, S., 2017) that we aim to reach through the ongoing research in the field.

Takeaways

The design for developing youths' place for treatment can be looked at from two essential perspectives - preventative design and encouraging/motivating design. These perspectives might talk about the same architectural feature but give different conceptions just like "guarding and caring", where guarding is related to passiveness, and caring is active. Security is an unavoidable necessity within environments that involve risk of harm to self or others, but better treatment results can be attained through implementation of "active" design methods.

Following the list of evidence and best practice models need to be balanced with intuition while striving to understand the incarcerated living situation, and how it translates towards a normal life and equal access to care. If it is not a prison it should not look like or act as a prison. However, a constant reflection on intention and risks need to fuel the intuitive work of design. The general guidelines for design should start by providing a collected frame of the youth position in relation to the physical environment to be able to shape both a space and place for coherence and receptivity to care. A salutogenic perspective around the individual health reflects the ideas of being in place for care in the larger context of the institution, where the institution clearly needs to redefine its settings and intention for different actions and activities.

By the four chosen perspectives to present and understand what the youth meets and experience, the choice of design could potentially be more tangible and framed. And with the youth perspectives in mind, considering the first impressions and intention of what we as architects design the spatial platform could potentially support security and trust by opportunities of informality as well as guided or instructed settings. If, and only if we also consider the bigger meanings that small material objects or choices potentially carries. However, due to varying interpretations between architect and users, the question arise who has the right to speak for the building and its design?

REFERENCE PROJECTS - FROM SiS



SiS Standard unit / SiS Standard school

Learnings: Treatment is part of the everyday for the youth rehabilitation and therefore the units are called treatment units. This building is generalised for LVU or LSU placement and for both girls and boys. It can hold 8 youths in each wing. You can read from the floor plan that entrance, care in seclusion, rooms for treatment sessions, examinations and staff spaces are concentrated to the centre while common areas are directed towards outdoor areas with overview of residential corridors. The unit have an intake door where cars can enter with youth. It was also noted that the standard school (not on the picture), has the potential of closing of for LSU and make use of a smaller part of the building.

Critical reflection: The layout is efficient, however integrity and variation in the environment might be hard to achieve when sensitive situations like the therapy takes place in direct connection to other flows, where both groups and individuals meet. The schedule of the sessions can possibly solve this issue, but the space for different activities is still associated. Reading from the photograph of SiS Johannisberg, no special guidelines for surrounding nature or environment when placing the building can be read and exterior views seem limited. Outdoor areas are surrounded by a fence signalling a reduced impression of isolation, with warmer materials, but there is a risk that this is received just as an outer shell for that institutional barrier.

Source of information: (P. Månsson, personal communication, and Lindahl, G. and Park, S. 2017)



SiS Hässleholm

Learnings: The development is a context adapted and site-specific extension of the existing institutional building. Residential and administrative functions shape the new outer borders in brick, surrounding the school with two wings in wood. The material expression of the facade aims to reflect the needs of open and closed and signal a lighter more open impression for youth to get both a visual and literal way out.

Critical reflection: Conceptually, an embracing building like this works well in the denser area that that SiS Hässleholm is located, this could therefore be a suitable way of fitting the whole institutional life on that specific type of site condition. Whether this is a suitable area for this type of environment is a question that remains. Generous courtyards are more easily achieved when interlocking all buildings of the institution but meeting the need of variation in nature views is challenging.

Source of information: (P. Månsson, personal communication)

REFERENCE PROJECTS - FROM PSYCHIATRY



Östra

Learnings and applications for youth care: The architecture and the physical environment has shown to contribute to the reduce of compulsory measures, where the most important aspects have been: Few patients per units, spacious premises, private rooms, and free access to outdoor environments. Examples regarding security as a main aspect to learn from and balance with care is to consider soundproofing in the right places. Confidentiality is another aspect that should be met in rooms for treatment, or for comfort in certain spaces, but you still need to hear if something serious happens. To create an open and free space that are controlling in an unforced way, could be to use glass walls. However, the risk of becoming a controlling space for guarding must be critically evaluated. This unforced security also points at the risk of separating youth with certain problems as favour for others. Guidelines for this can therefore be a free and open atmosphere, avoid associations of power, overview and not surveillance, be critical about high soundproofing and using glass partitions and curtains towards patient (in this case, youth) areas. Related to integrity, “the swelling factor” is mentioned, meaning to consider the relation of corridor space to program surface - the bigger the better.

Source of information: (From, L. and Lundin, S. (Red). 2009)



Rågården

Learnings and applications for youth care: The layout opens the possibility for patients to move freely within the frame of the buildings shaping what could be interpreted as a neighbourhood or mini replica of the society with an activity core. The aim is to be a typology of an institution in the park rather than a building at the square, which is similarly to what we aim for when it comes to the youths. The facades become a security aspect designed to avoid climbing. Departments and spaces of the place increase from the personal sphere towards the centre. And the main entrance is contributed to staff and visitors, always manned and acts as the security core. This opens the question whether the project is the core of the whole institution, more focus and space for staff should be included and the design of the building based on the potential surrounding future.

Source of information: (Caldenby, C., & Lundin, S. (Red). 2017)

Takeaways

- Atrium and gardens as part of overview and circulation but at the same time a healing function.
- Typology and meaning of moving between different buildings.
- The feeling of home can be sensitive and vary.
- Buildings that help create gardens.
- Materials that can symbolize different functions.
- Standard can reach a larger quantity but needs to be made with quality.
- Multiprogram meets the youth on several levels.

RETOLD CONVERSATION

To complement the support from GU publications about spatial experience, personal communication was held with staff focusing on the treatment environment.

What in your experience works well spatially?

...in the work environment?

Proximity is key in our workflow. Therefore, the short distance between Staff area and youth areas as well as rooms for standby duty and on call support works well today.

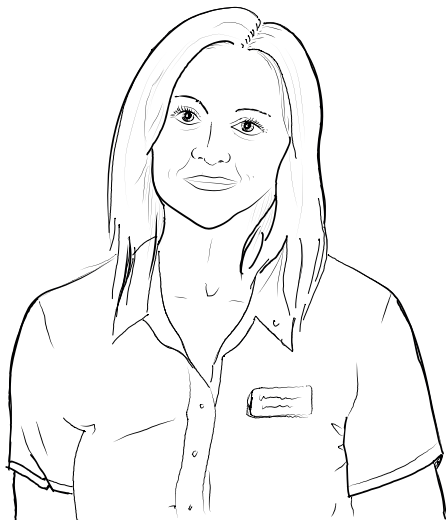
...in the relationship between youth and staff?

Again, proximity. That it is efficient to reach the youth when necessary and there is a good overview.

When spaces invite for activity and participation. It could be wall decor or intentional details that are placed with clear purpose. This seems to motivate both youth and staff towards participation and motivation. Though, within the units of higher security levels this is very restricted and risk being less inviting. For example, a wooden boardgame cannot be openly available, but a pillow might.

...in the relationship between youths?

We see positive results by the close supervision model when staff is always present and interacting. Without our supervision the youth does not manage interpersonal interaction between one another. This treatment model presume that all areas are overlooked and interacted with, since the more hidden or shielded areas could be used to try to avoid staff.



What could be developed in the work environment?

General means of spatial quality is poor at the institutions I've worked at. Daylight, openness, condition & hygiene for example. This should be avoided for staff not to feel incarcerated themselves as well as support better work effort, since the poor environment affect and decrease motivation and positivity.

Privacy in areas where no youth contact is necessary. Within sleep zone, standby duty, kitchen, and administration areas. The overnight room is for example placed in direct contact with the youth units separated with a glass door. We would need more privacy here. Currently we do not have our own kitchen either.

The staff network working with and related to the youth treatment plan and process could gain from more cooperation. Contact between treatment secretary, assistants, soc. and other involved could for example be strengthened. If aim and structure of the treatment were clearer, I think the routines and everyday life would be less passivating for the youth.

What is your experience of the youths (spatial) needs?

Integrity and privacy is a general need, for example shared bathrooms within the residential sphere results in a lot of conflicts. Integrity would also be good for youth when picked up for treatment or other meetings, since they are mostly called out in front of the others.

Youth with more severe diagnosis or mental illness are sensitive to new impressions, both when it comes to environment and people. Encountering other groups of youths, especially outside of their own sphere have a tendency of starting provocative behaviors. However, if meetings would be in a controlled healthy environment, it might have positive effect.

I have seen in the more open units that youth can personalize the environment much more than in the locked and strict units, where it is hard to find a balance of security and flexibility.

with a treatment assistant at SiS



RETHINKING A PLACE FOR CHANGE

An architectural interpretation of
the incarcerated youth's place for treatment.

Part of:

Master's Thesis

by Martina Verme, 2022

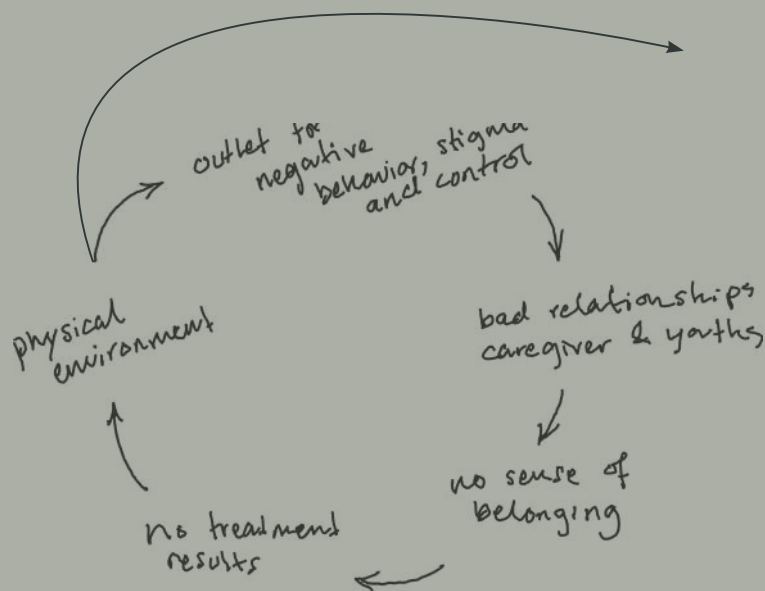
Chalmers School of Architecture

The Department of Architecture and Civil Engineering

THE FRAMEWORK

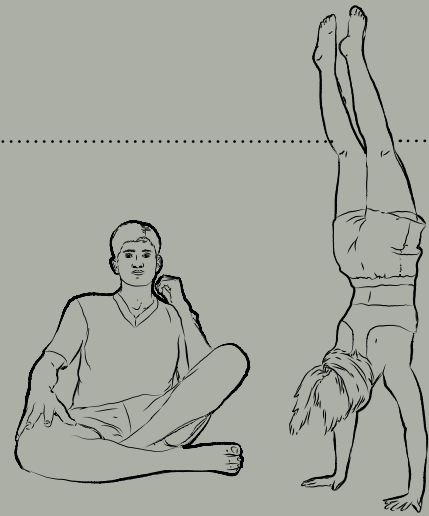
Four spatial perspectives to support the physical platform enabling receptivity to care.

This is a general framework adapted to support the rehabilitation process for youth under compulsory care through concepts on how to develop the physical environment of the institutional sphere. The main support lies in future development of a treatment- and activity centre at the institutional sites. However, parts and overall approach can be used for other related facilities and functions. The framework is based on the thesis research on space and place concluded into four spatial perspectives that combines the youth's socio-spatial experience of compulsory care and rehabilitation with EBD used in similar environments. The perspectives are present within all aspects of initiated development, from organisational role and distribution around Sweden, to building logistics and interior details.



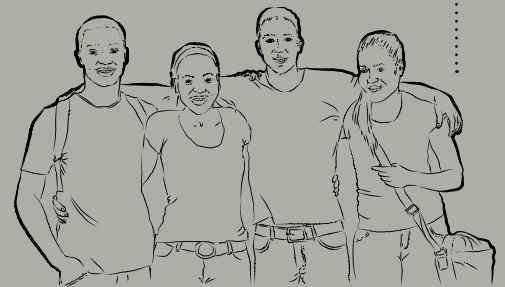
ALLOWING INDIVIDUAL DIFFERENCES

A varying and flexible environment is crucial to meet different needs and a complex target group. The individual perspective focuses on quality, equality and individual adaption of the physical environment ensuring spatial sense of coherence.



VOLUNTARY SOCIAL INTERACTION

Social interaction is unavoidable when being a healthy part of society. The social perspective ensures that interaction happen on own terms, respecting personal sphere and protects integrity, but still encourages and motivates interaction as part of the treatment process.



PLATFORM FOR YOUTH-CENTERED CARE

Overview and orientation are factors that support the place being a secure and healthy platform for caregiver and caretaker. The perspective of youth-centred care focuses on the spatial support between youth and staff to create independence of the youths on account of physically and emotionally present staff.



ENCOURAGING IMPRESSIONS

Eliminating stigma is key for youth to become an accepted group in society to be able to build a healthy self-image and thus being able to receive care. This is reduced by signals and symbols in the built environment such as facility role, building language and intentional choices of design and activities.



POTENTIAL FUTURE INSTITUTIONS



1. Bergmansgården

No. of living units: 2
No. of youth: 14

●●●●● Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



2. Bärby *

No. of living units: 11
No. of youth: 51

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



3. Ekenäs

No. of units: 5
No. of youth: 28

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



4. Folåsa

No. of units: 5
No. of youth: 38

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



9. Tysslinge

No. of units: 6
No. of youth: 41

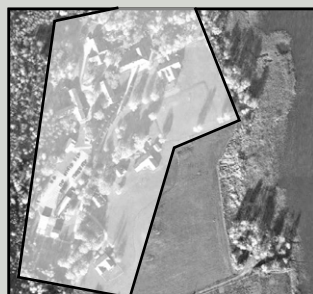
●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



10. Vemyra

No. of units: 3
No. of youth: 18

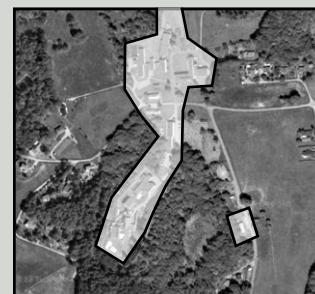
●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



11. Brättegården *

No. of units: 6
No. of youth: 32

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



12. Fagared *

No. of units: 9 (2 locations)
No. of youth: 59

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



17. Margretelund

No. of units: 6 (2 locations)
No. of youth: 39

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



18. Nereby

No. of units: 6
No. of youth: 38

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



19. Ryds brunn

No. of units: 3
No. of youth: 21

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity



20. Råby *

No. of units: 8
No. of youth: 48

●●●●○ Natural surroundings
●●●●○ Building density
●●●●○ Resusable network
●●●●○ Functional proximity

Source: Statens institutionsstyrelse. (2015). Lokalguiden. (2015). and Google maps)



5. Johannisberg *
No. of units: 7 (2 locations)
No. of youth: 44

●○○○○ Natural surroundings
●●●●● Building density
●●○○○ Resusable network
●●●●● Functional proximity



6. Klarälvsgården
No. of units: 3
No. of youth: 21

●●●●○ Natural surroundings
●●○○○ Building density
●●●●● Resusable network
●●●○○ Functional proximity



7. Rebecka
No. of units: 4
No. of youth: 25

●●●●○ Natural surroundings
●●○○○ Building density
●●●●○ Resusable network
●●●○○ Functional proximity



8. Sundbo *
No. of units: 9
No. of youth: 38

●●●●○ Natural surroundings
●●○○○ Building density
●●●●○ Resusable network
●●●○○ Functional proximity



13. Hässleholm
No. of units: 7
No. of youth: 34

●○○○○ Natural surroundings
●●●●● Building density
●●○○○ Resusable network
●●●●● Functional proximity



14. Ljungaskog
No. of units: 5
No. of youth: 33

●●●●○ Natural surroundings
●●○○○ Building density
●●○○○ Resusable network
●●○○○ Functional proximity



15. Ljungbacken
No. of units: 7
No. of youth: 47

●●●●○ Natural surroundings
●●○○○ Building density
●●○○○ Resusable network
●●●○○ Functional proximity



16. Långanäs
No. of units: 6
No. of youth: 39

●●●●○ Natural surroundings
●●○○○ Building density
●●○○○ Resusable network
●●●○○ Functional proximity



21. Stigby
No. of units: 6
No. of youth: 31

●●●○○ Natural surroundings
●●○○○ Building density
●●●○○ Resusable network
●●●○○ Functional proximity

Which institutions should remain and develop?

The geographical location must signal, symbolize, and contain resources to allow a place for care. This catalogue gives a quick overview of the access to natural surroundings, which is crucial for well-being, receptivity, and sense of coherence. Since locations with rich natural environments are often distant from city centres and necessities like hospitals, proximity is also considered. Additionally, the network of roads and buildings are considered in terms of reuse and as symbolic/aesthetical impression since it can be critical in both professional encountering but also as a symbol for incarceration and quality. Lastly, building density looks at the challenge of adding and shaping a new environment.

ORGANISATIONAL ROLE & DISTRIBUTION

Organisational role

The role of the treatment facility is collecting all actors reaching the youth rehabilitation, so that all treatment plans and the chain of care is easier to coordinate from within and towards the youth institutions. The treatment centre is the youth contact for all internal and external care needs. The involvement starts with the treatment plan and follows the youth until and beyond exit to ensure a successful process. The concept, however, is shaped to support preventative care as well.

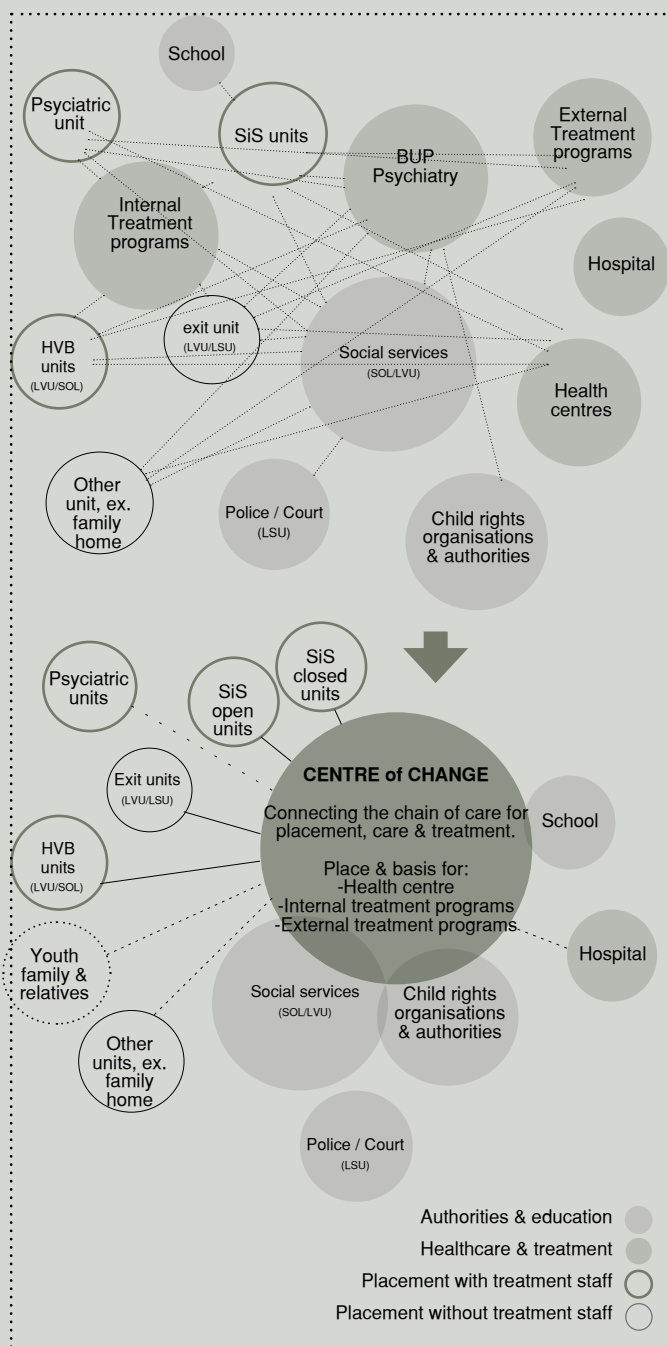


Fig.9 Clarified chain of care actors (Both within and outside of SiS).

Distribution

The facility is necessary at each institution since the idea is to share functions with the school facility and visits are expected daily or weekly. The shortest distance between institutions is 15km. Lack of this facility at a site would thereby demand a lot of transportation service and less equal access to care.

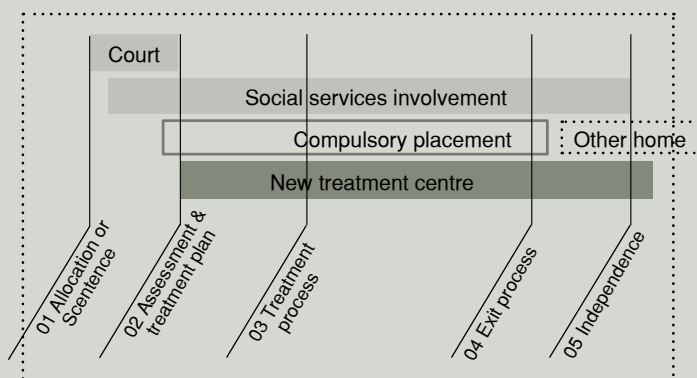


Fig.10 Facility meeting the youths time frame.

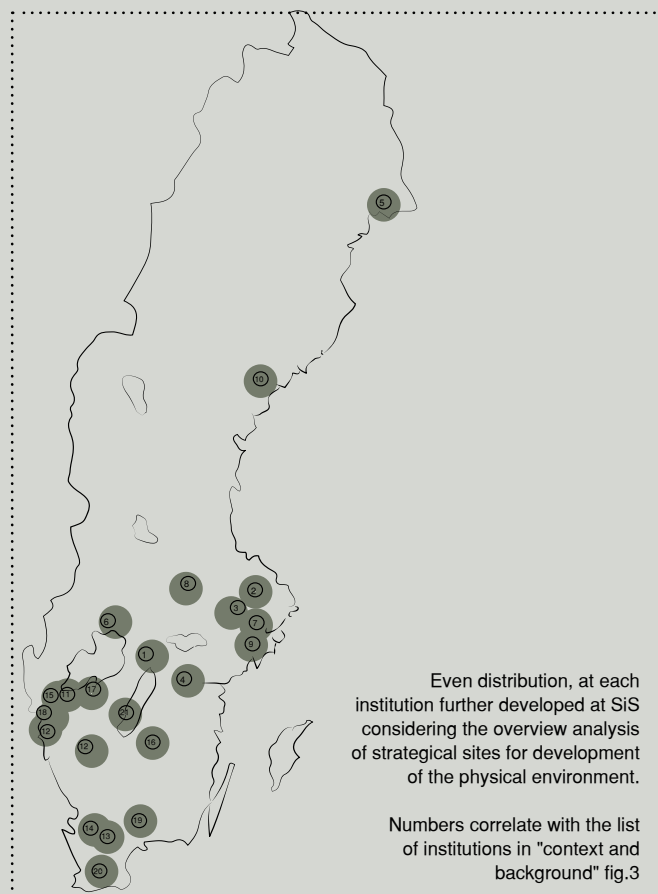


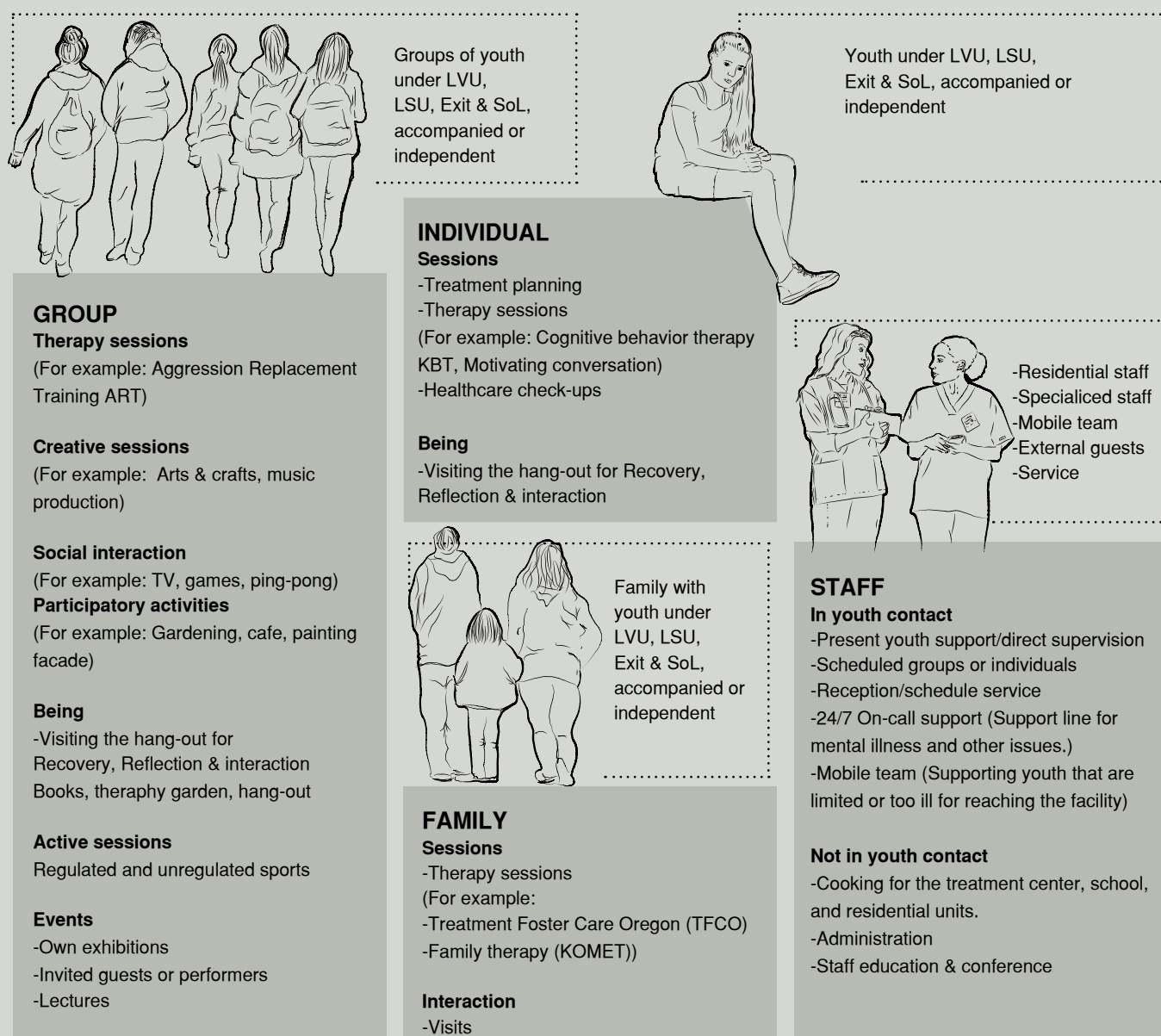
Fig.11 Distribution of the treatment facility at each youth institution, reserved for change if an institution turns out to be inappropriate.

PROGRAM & USERS

Youth-centered care

The main users expected to visit the facility are represented in the diagram below. As described in the introduction the level of independence differs depending on the youth's type of placement and process. An important consideration when combining user groups is who the building should meet in terms of openness to not reduce freedom for the more independent. The program is based on SiS own treatment program to strengthen the role of activities and experiences as part of treatment. The aim of the new building program is to offer equal care along the whole chain of care since some youths currently must relocate to access certain care.

The facility let youth carry out treatment within the same building (or through mobile /digital support), compared to residence, that might shift when progressing and reaching higher independence. The program also supports and clarify youth's "visits" by arranging different events and learning activities on neutral ground and even arranging off site visits. Private self-paid treatment centres for youth have been source of information to find a program that complements the traditional SiS program. Mainly based on motivation and social relations it should cover the aspects of medicine, strategy, situation, and exposure trough organized, spontaneous, calm and active activities.



THE INSTITUTIONAL SITE

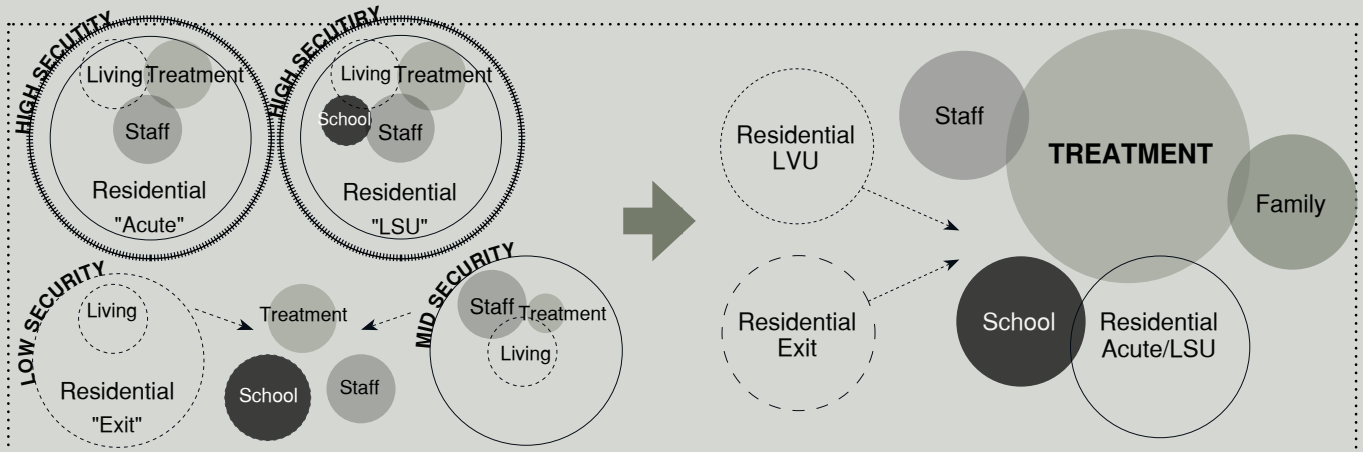


Fig.12 Diagram conceptually shows a shift from the understanding of current institutional arrangement towards a future concept. Single circles represent a freestanding facility/activity. When circles overlap diagrammatically it also represents a physical connection of buildings at the institutional site or within a single building.

INSTITUTIONAL ROLE OF THE BUILDING

Until now, the arrangement of facilities and functions on SiS institutional sites does not have a clear strategy of relationships and functional logic within its arrangement. Resources and preconditions for care vary a lot. A strong varying visual impression of incarceration is also present among the residential units of different security levels which creates the stigmatized “we and them” effect. Neutralizing this impression by providing the same treatment facility for all youth under compulsory care is the future vision from the support of this framework. The facility does just like its organisational role effective and clarify treatment and activities for the institution:

Acting on the border between in- and outside of the institutions.

The main treatment, and non-residential activities are extracted from residential sphere, even if possibilities for support should remain there in case of emergency or necessary digital or mobile healthcare support. This means that spaces still need to be planned within the residential facility that support settings related to treatment. It needs to be done with equal importance and strong spatial and organisational clarity of being separated from the residential activities and could designed considering the parts of this framework and the same spatial perspectives.

SCOPE OF THE BUILDING

The scope of the building has been discussed and iterated, resulting in a static building size that have capacity for up to 60 youths, which meets the amount of youth within the biggest institutions today. Placing many functions in one facility creates a need for a bigger user capacity to be financially and resource effective. The aim is therefore to open the building on days or periods where an institution cannot use it fully, by creating a facility - a place, that can be useful for a larger part of society rather than being exclusively institutional. This aim is a mix of providing equal activities for all youths, creating possibilities for preventative care, as well as securing future use, costs, and capacity of the building. The expected increase of 11% capacity in terms of youth placements aim to be met by choosing to match with the bigger institutions, where parallel preventative care strives against increased capacity needs by supporting better prevention and rehabilitation rates.

SURROUNDING PROXIMITY REQUIREMENTS

The main reason for not developing a standard unit is the challenge of providing a functioning and healthy relationship with the surroundings. The road access point for arriving at the site is for example necessary to consider when iterating the placement of a main entrance for visitor and “open” access to the building. This symbolizes the treatment process both conceptually and logistically as being the enter and exit of the process and the institution itself. Some functions are prioritized to provide natural views focusing outwards, such as individual therapy. The

functional zones should be placed in relation to each other, both regarding type of activities and tempo, but also in terms of integrity and need of separation, which will relate to the current state and future of the surrounding institutional facilities and units. Both staff and youth functions should consider a daily efficient and healthy flow on the institutional site without disturbing each other. Family rooms are for example suitable to place close to the main entrance in relation to visitor flows on the site, to allow the rest of the building to be used separated from external visitors. And overnight stay for staff and visitors should suitably be placed in other buildings.

SEPARABLE FUNCTIONAL ZONES

Since the level of independence varies, separation of the functions is necessary to support different degrees of openness and integrity from different groups at different times. However, additional planning is required to decide which groups are suitable to visit at the same time, to avoid groups negatively impacting each other. The spatial solution is a main corridor that should contain one or several spaces that connects to all functions acting as a neutral and safe delay zone when changing or distributing groups throughout the facility. This also reduce simultaneous transportation flow from common areas and corridors. Some functional zones would benefit from flexibility of opening towards common areas or gardens for potential bigger events or other more open type of use. Iterations need to explore the possibility of a common entrance for these groups as well as a direct, and separate entrance (or future docking place) for an LSU/Acute unit. This allow the building further to be separated and locked off between different user groups. For a well working flow on the site, staff should also have a separate entrance and external access related to functions supporting the rest of the institution. All staff areas do not have to be in direct connection to each other. They rather need to be placed in relation to youth contact and consider privacy and views where needed (for example lunch area). These zones should be connected through an efficient flow that do not cross the facility in a way that might challenge security. Additionally, all work tasks in direct connection with youth should be positioned on ground level.

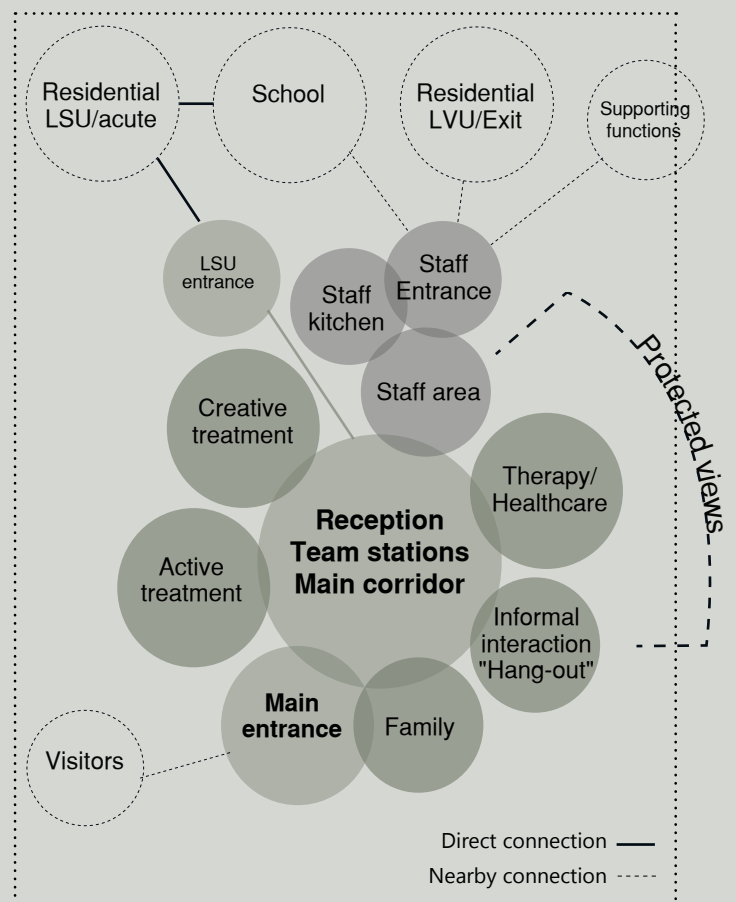


Fig. 13 Diagram of conceptual functional relationship and requirements, in relation to site conditions and flows.

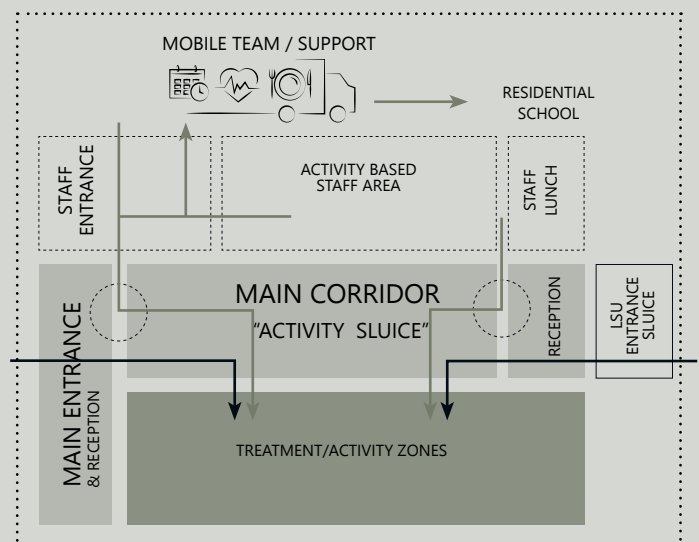


Fig. 14 Access and flows within and from the facility.
Simplified version of proximity requirement diagram in fig. 15.

PROXIMITY REQUIREMENTS

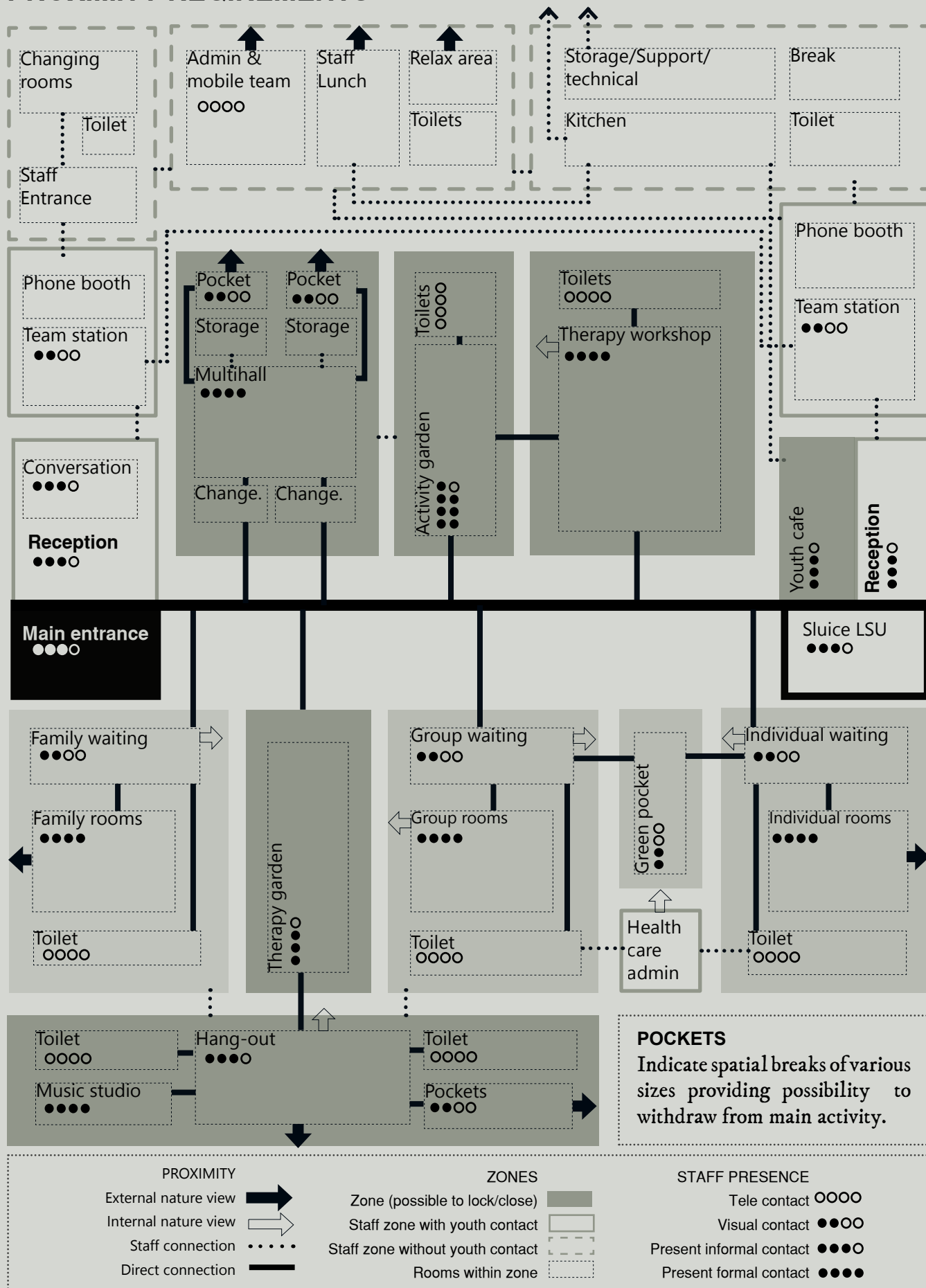


Fig. 15 Conceptual guide for building logistics and floor plan layout, including spatial relationships (zones, rooms, and access) and staff presence.

ABOUT THE ZONES

STAFF ZONES WITH YOUTH CONNECTION

The team stations, receptions and healthcare support should all be, central, in connection with youth, and designed with good overview and possibility for youth to reach out. Team stations are not designed to support long work shifts. At least one team station should be placed in connection to reception.

STAFF ZONES WITHOUT YOUTH CONNECTION

This zone includes activity-based staff spaces, that should be reached without crossing youth zones. Functions supporting the whole institution is externally accessed. Functions that are non-related to, or not in contact with youth also favour from being disconnected but accessed internally.

RECEPTION

Receptions are doubled to support a separation of the building for simultaneous use and/or different levels of security. The main reception contains an informal meeting room for youth and staff in need of more privacy and self-check in for independence. The secondary reception is mainly used for LSU but can work as support for other visitors. The secondary reception accesses the sluice to give a welcoming impression.

MAIN ENTRANCE

The main entrance should signal independence, clarity and contact by mainly being open, with the potential for temporary security checks.

SLUICE

An entrance sluice should be provided for higher security in connection to the second reception to allow LSU to use the building either alone or simultaneously.

ACTIVITY ZONES

Functions aim to be flexible in size and area of use. For varying group needs, the multi-hall should have two access points for changing rooms with private shower booths. Storage could be closed from youth access. The workshop space should be able to open towards the active garden to allow for bigger events like exhibitions or for weather allowing creativity outdoors. At other times the active garden is used as a separate zone for outdoor activities, provided with workout

equipment, platforms and open an open green space. Giving the activity zones direct access to main corridor will simplify flow of bigger groups or support transportation of workshop material or equipment. The hang-out should contain a variety of informal activity zones that does not disturb each other. It does also provide open access to the calm garden. The café is meant for youth work supported by staff and is suitably placed in a less trafficked, yet central flow.

TREATMENT ZONES

Treatment and therapy spaces should be structured to separate individual, group and family sessions. This structure also need to consider levels of integrity and access points. Firstly, the treatment rooms are accessed from secondary corridors/waiting areas. Family rooms are located close to main entrance to be able to separate from pure youth functions. It is furnished for longer informal visits alone with youth and sessions with staff. Group rooms can use the same room size due to a similar number of people,

but should be less furnished only to meet the needs for a group session. The individual rooms are halved, allowing therapy sessions as well as simpler examinations or medical appointments. The different activities should have clear zones to allow conversation on a neutral and respecting ground. For integrity connection to nature should focus outwards for the individual, while group and family can view the calm garden. The individual and group waiting area can be separated by a shared green pocket.

DESIGN STRATEGIES

ALLOWING INDIVIDUAL DIFFERENCES FOR THE INDIVIDUAL YOUTH



VARIATION

- Nature
- Activities
- Zones
- Interaction
- Senses

By providing access to different types of natural environment in relation to program, as well as providing different activities within the program and making sure that those activities and meetings within is facilitated by clear zones - the design aim to meet the need for variation.



ACCESSABILITY

- Functional zones
- Accessible spaces
- Accessible concepts

By providing a physical environment with functional access to different bodies and mental states, meaning both the access to use a specific space, as well as access in terms of the building itself, what it symbolizes and what the program entail - the design aim to support the sense of place and meet the need for accessibility.

VOLUNTARY SOCIAL INTERACTION BETWEEN YOUTH, OTHER YOUTHS & THEIR FAMILY



INTEGRITY

- Pockets to withdraw
- Furniture arrangement
- Social buffer and zones
- Neutral meetings

By providing pockets and buffer within common areas and functions, different sizes, zones and possibility to choose interaction or privacy as well as designing for different degree of privacy within the different care settings - the design aim to support the youths integrity.



PARTICIPATION

- Engaged in program
- Impact on environment
- Space for events
- Treatment planning

By providing different opportunities for participation, events and impact to the environment, and being reflective and intentional about what behaviors and expectations that are encouraged - the design aim to and create a sense of community and belonging and leave with several ways for learning and participation.

The design strategies represent an outline and goal of potential implementations and make a hypothesis on how they would favour the experience of the new treatment facility. As for the case with EBD models, the hypothesis could potentially be tested by measuring number of implementations in relation to analysis of user experience. A mood board for design is provided within the implementation chapter.

The strategies are categorized by the four spatial perspectives and supported by the written theory. The idea is to use the strategies in an iterative design process in combination with the feedback questions. With this method the aim is to avoid falling into good intentions, compare possible outcomes and always ensure security and health well balanced.

A PLATFORM FOR YOUTH-CENTERED CARE BETWEEN YOUTH & STAFF



CONTACT

- Overview & proximity
- Privacy
- Neutral meetings
- Mobile support

By providing an environment that is efficient in: seeking and maintaining contact; only providing contact where suitable within facility and institutional network; different degree of contact; as well as ensuring the meeting spaces setting - the design aim to create clear, efficient and neutral ground for contact.



INDEPENDENCY

- Wayfinding
- Clear main corridor
- Self-check in
- Trust

By providing: a common open entrance; self-check in; and a main corridor that is clearly connected to all functional zones - the design create possibility to separate activities or walk freely within the zones, give more responsibility to the youth within the building and thus aim to support youth self-control and independency.

ENCOURAGING IMPRESSION BETWEEN YOUTH & BUILDING



INTENTIONALITY

- Framed views
- Object, space, material
- Openness
- Meaning

By being aware of inclusion, exclusion and emotional and social meaning of each design choice in terms of both material, objects, space, spatial access, function and view - the design aim to be recieved and understood as intentional.



FLEXIBILITY

- Multifunctional spaces
- Simultaneous use
- Varying user groups
- Varying needs

By providing: a building that could be used outside of compulsory care; activities that can vary in size, security level, function and simultaneous use; - the design aim to reduce the sense of incarceration and part of the non institutional life as well as supporting it within, to meet the need for flexibility.

FEEDBACK QUESTIONS

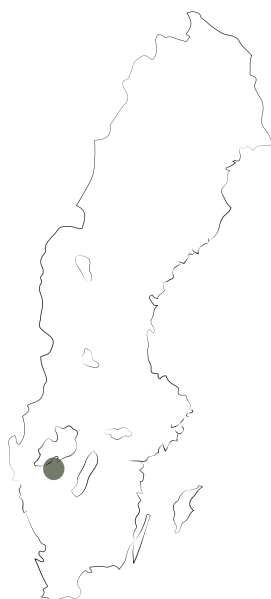
For evaluating iterations:

- *What emotional and social impression does the choice of design give?*
- *How does the choice of design meet flexibility in terms of personal adaptation or spatial arrangement?*
- *What behaviour and actions are encouraged by the choice of design?*
- *What and how big risks in terms of self-harm or harm to others does the choice of design make possible?*

A physical platform
enabling youth's
receptivity to
treatment & care.

IMPLEMENTATION PROCESS

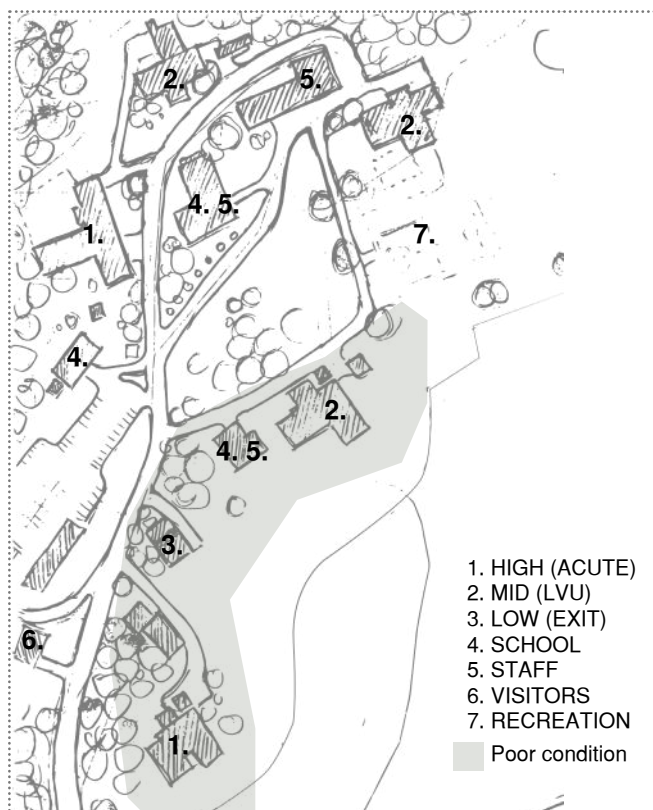
An example at Brättegården



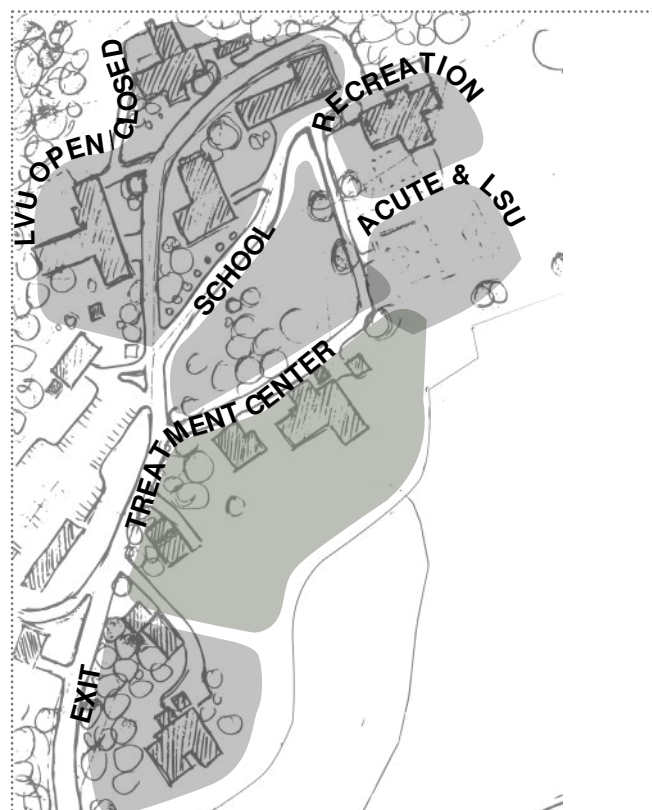


Own drawing: Geographical location and proximity to central functions and hospital Scale 1:15 000 ⓘ

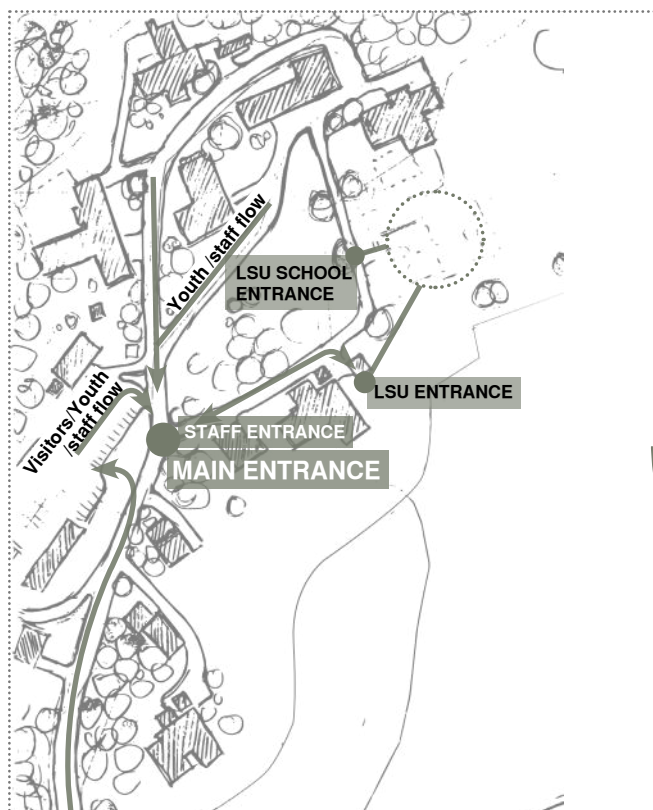
SITE ANALYSIS AND ZONING AT BRÄTTEGÅRDEN



*Current functions and buildings of critical condition.
Potential future use of plot and materials.*



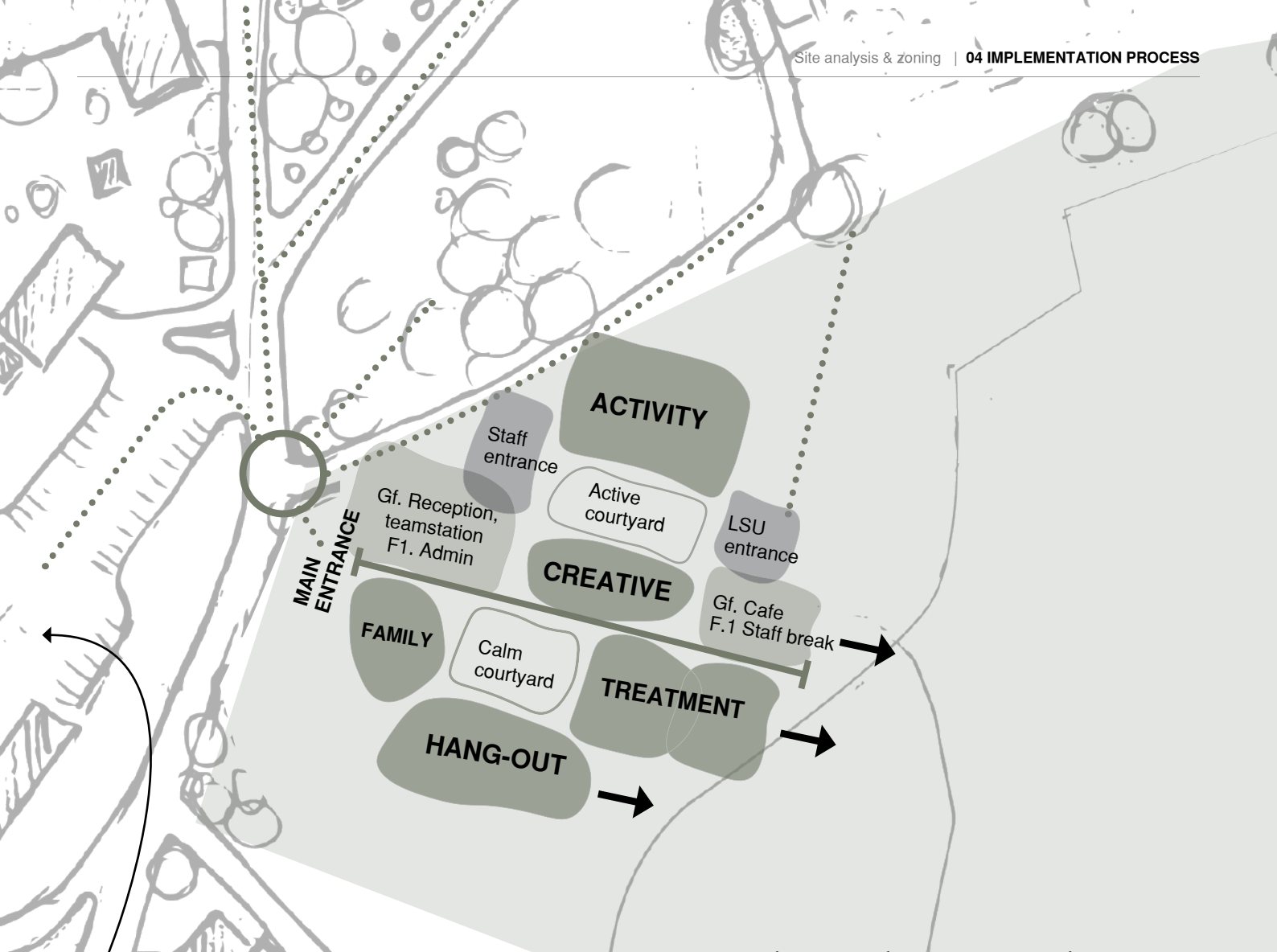
Zoning for future development.



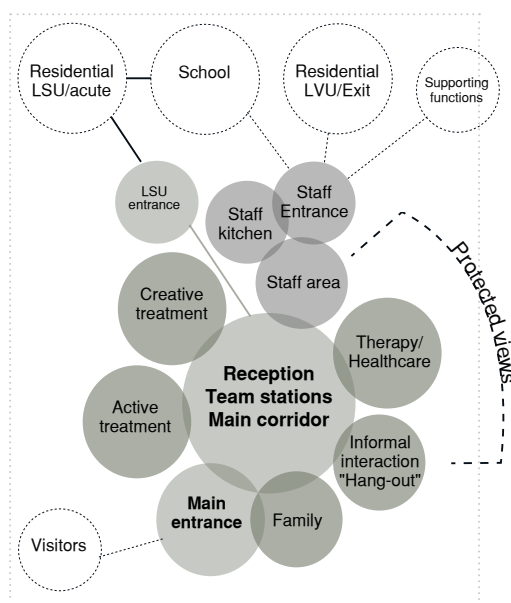
*User nodes & flow within new zoning.
Cars, road barriers, staff, youth & visitors (direct or open connections).*



*Protected natural views.
Sun conditions 22 September 06:59, 12:00, 19:13.*

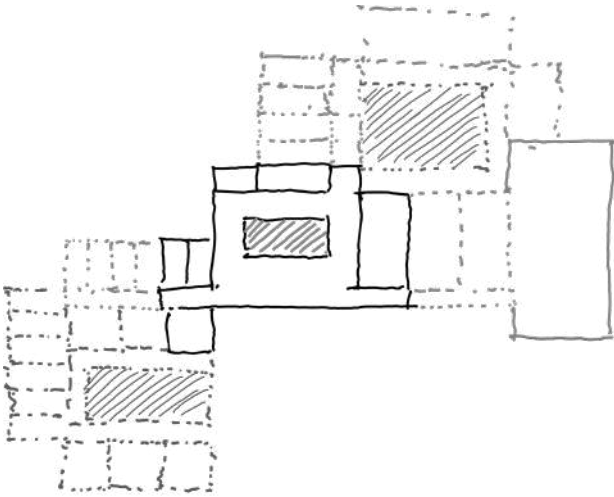


The new building is replacing existing buildings that are in poor condition. This placement has connection to the natural main node, where both nature views and efficient flows can be provided for the institution. Personal communication explains that institutional buildings are recommended to replace the forest instead, to *"not disturb views for the opposite lake side"*. I question that, if the view would not be good enough for residents on the other side, why would it be for the youths?



Since an LSU/Acute unit would benefit from direct connection to both treatment and school previous use of buildings have mostly been reconsidered. The functional zoning of the building is done according to the need and favourability from exterior views that is most important for staff areas, treatment, and recovery, where the views should be calmer and more disconnected. As well as following the framework in terms of functional relations. Since the multi-hall require the biggest volume, it is placed towards the north. Functional relationships are used to create courtyards and connections to natural view that is suitable in all directions.

EXPLORATION OF THE BUILDING



Early conceptual idea of expandable structure that could support increased capacity.

ALONG THE FRAMEWORK DEVELOPMENT...

General building concepts

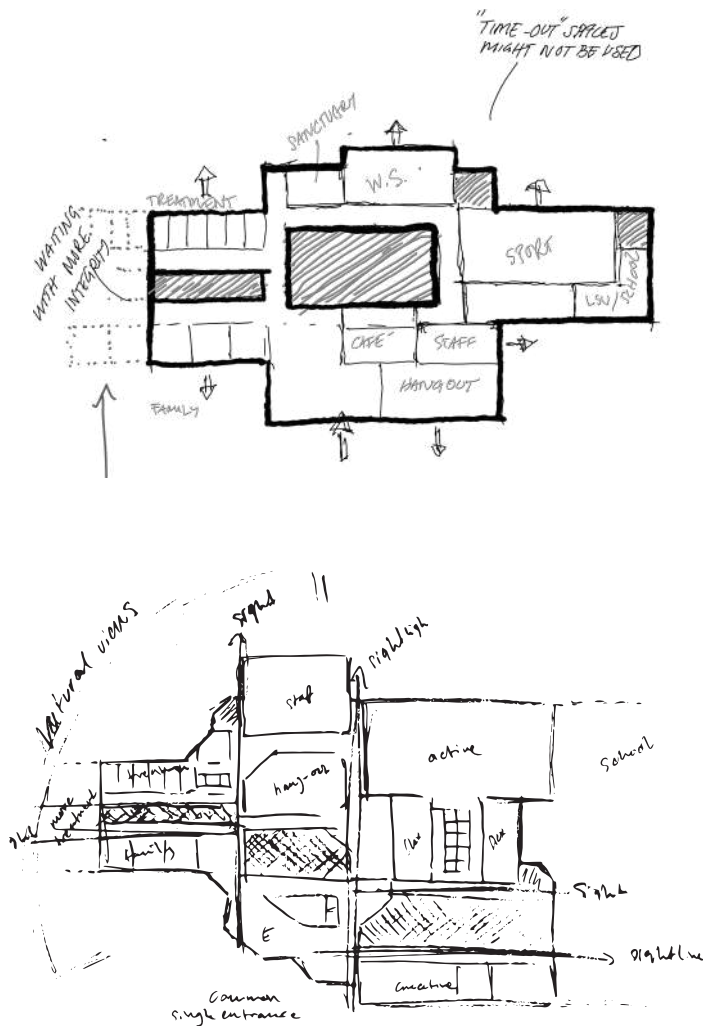
What framework and flexible results have been explored? Exploration has contained reflections about flow, relationship, grid, function and room sizes, a floor plan that is extendable, an expandable structure with static core, and shaping new courtyards by expanding functions or new facilities. Providing generally applicable strategies or materials is a challenging task that have landed in suggesting a framework for the building rather than a general building. The “time-out” spaces are one of these general concepts. Concept programs for different functions guide the size of the functions while the initiated proximity requirements, pulse of the activities and ceiling height guides the arrangement. Factors like possible additional entrances for future use or other user groups, exterior views and efficiency also weighs in. Early iterations allowed exterior views from courtyards and gave a valuable dimension to the space but challenged security and integrity.

Scope of the building

Future flexibility and capacity of the building have been explored to work as different pre-decided or expandable size options. However, the core and common areas needs to respond to size of functions. A healthy option to deal with social density and common functions could potentially have been created by a social density “formula” for expanding the building. But since total number of users also affect the youths’ impressions and treatment environment this option would in any case be restricted by a maximum group size. Instead, the core will be based on a suitable total amount of people and to match the largest institutions. To ensure the atmosphere and quality the development is delimited to this specific size. Here the building and its framework can possibly be more adapted to context and needs.

Access & Separation

A common entrance and core with branching functions creates the possibility of closing of different functions for different user groups and simultaneous use. It also creates an equal first impression and control over visitors that enter or leave. A challenging aspect have regarded an internal entrance for LSU, but this option risk the aim of an equal first impression. The concept of the corridors is wayfinding and clarity by



Early floor plan variations of a standard building with common entrance and expandable functions.

going across the building towards exterior views where necessary. This have also developed into the possibility for equal but separated entrances. As learned from psychiatry it can also be efficient to rearrange or move the border between functions depending on groups size or use of activities as well as considering supporting functions connected to several activities. Allowing this will also ensure parallel use not to interrupt each other or create conflict.

...ADAPTING & RELATING TO A SITE

General building concepts

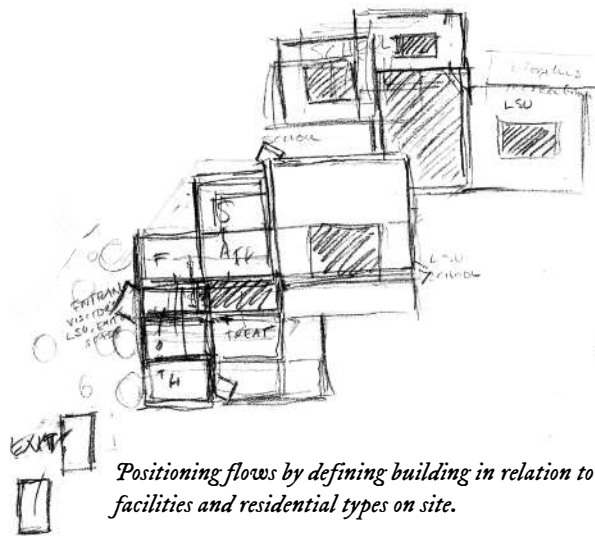
Applying the different aspects of the site drastically changed the building proposal as well as the general concepts for project development. The flexibility we want to maintain from previous reflections is to ensure points for connecting residential or school buildings in direct connection to the building in the future. Possibly by shaping new court yards or corridors expanding to new facilities of the acute and LSU unit. This is ensured by not placing any windows or functions that are critical to block in those points.

Corridors & efficiency

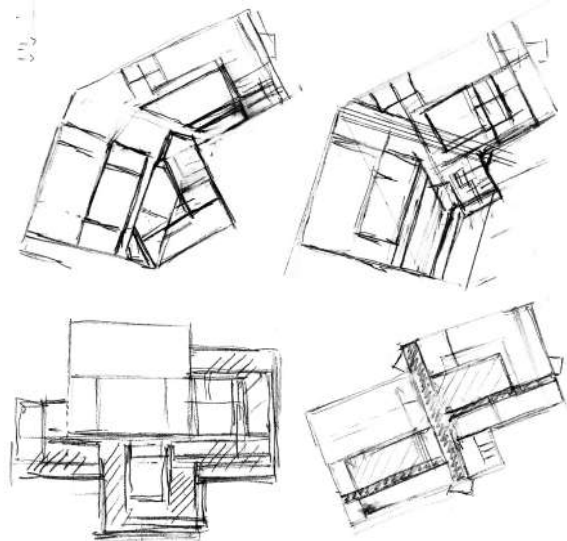
The function arrangement also determines how efficient the core becomes in terms of corridors and relation, which is tested by rotation and rearrangement. But the concept of the corridors is based around a core of courtyards that creates integrity and spread out the main corridor. This spread out and create hierarchy within circulation. The centre of circulation is also key for overview and could act as a separation sluice. Angles within the main grid have been discarded but explored to optimize exterior views, logistic efficiency as well as better overview, but does challenge the efficiency of a regular grid and did create several spaces that risk being more hidden and less optimal for use.

Optimizing the plan

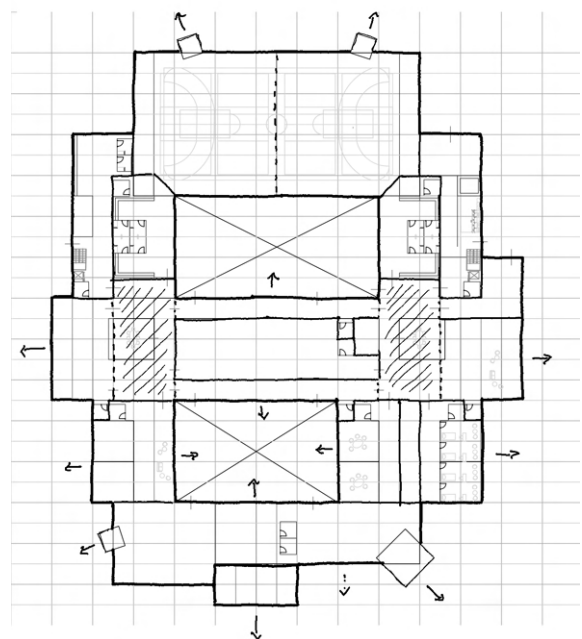
In parallel with volumetric and aesthetic transformation the floor plan had to be adjusted and polished to fit and work functionally, this represents a sketch of developing activity sluices (shaded areas), buffer spaces, staff access, supporting functions etc. (not the final plan).



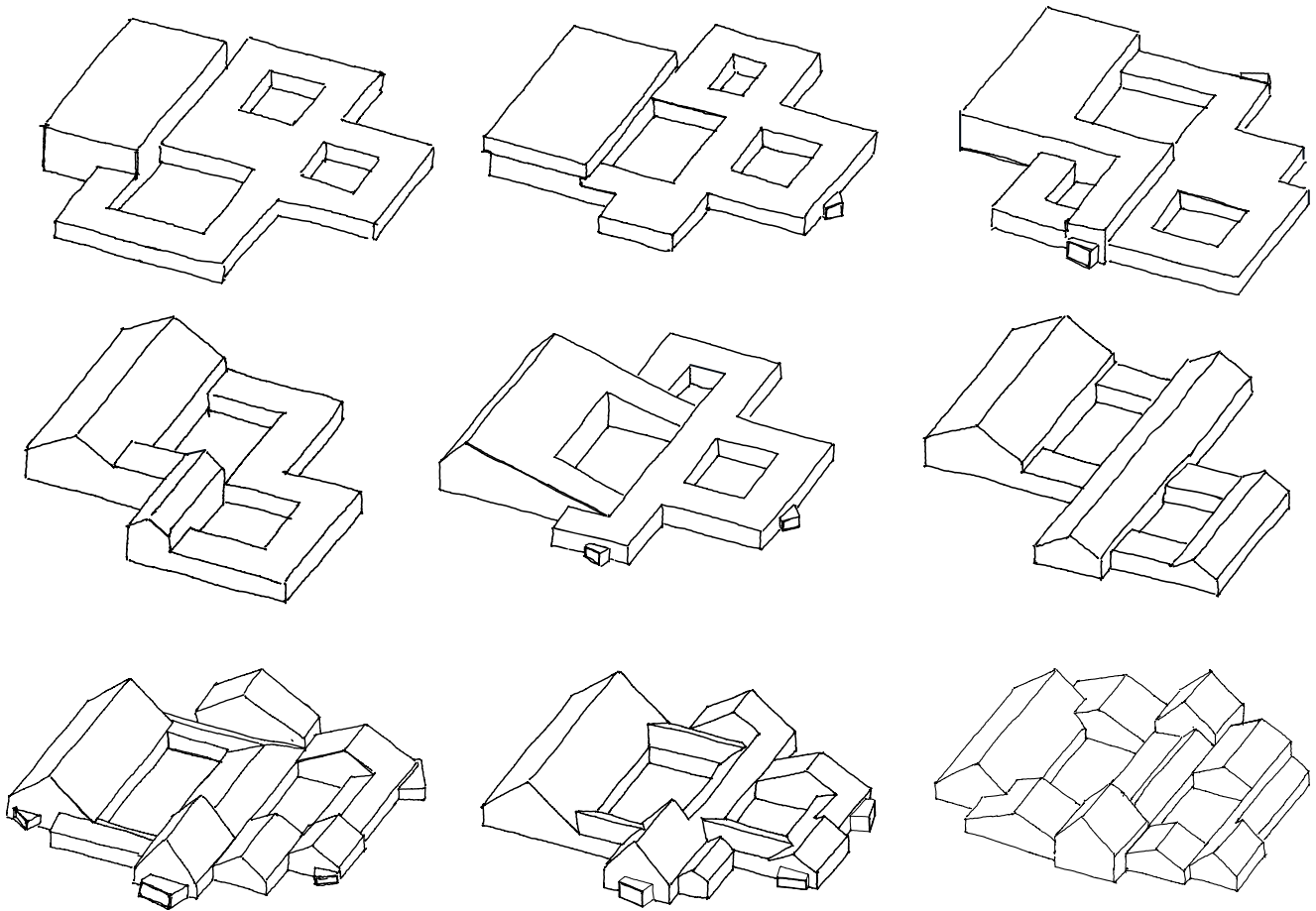
Positioning flows by defining building in relation to other facilities and residential types on site.



Exploring efficiency of corridors and functions in relation to contextual angles.



Gradients of integrity and views for staff and youth, adding green pockets.



VOLUME AND IMPRESSION

It is not a main priority to restrict and frame choices of volumetric and aesthetic expression for the task, but rather present the importance of considering the surrounding built environment and its scale as well as what is needed in the settings of a specific site. A valuable reflection that was brought up opened the question around what aspects should be enhanced when developing the facility at different sites. Should it mimic the surroundings? Should it complement it? Or should it perhaps focus on triggering positive memories? At Brättegården, buildings are in relatively small scale, with traditional shape. And in this case natural environment and atmosphere were brought into the building. The volumetric expression has been developed in parallel with the logistics, exploring different relations and access, which is why they differ on the functional scale.

Adding the pitched roofs were firstly a strategy to decrease the scale of the multi-hall that have the largest dimensional requirements. This was then chosen as a strategy to break up the volumes and create a common recognisable and less institutional volumetric language. Different heights in the roofs also aim to support different functions as well as introducing playfulness while also optimising daylight where possible. Extruded pockets in the facade are connected to the spaces to withdraw or find calm. The expression of these pockets created the playfulness of both visually and mentally create a contrast/break from the other volumes.

BUILDING DEVELOPMENT IN STEPS

1. Relations & Views

The necessary variation in greenery and integrity is better achieved with several courtyards and doors towards functions and should not always be accessed from the main corridor. Though, this delimits the size of the courtyards. Apart for social distance and functional relation, courtyards also allow contact and minimizes blind spots.

2. Grid & Size

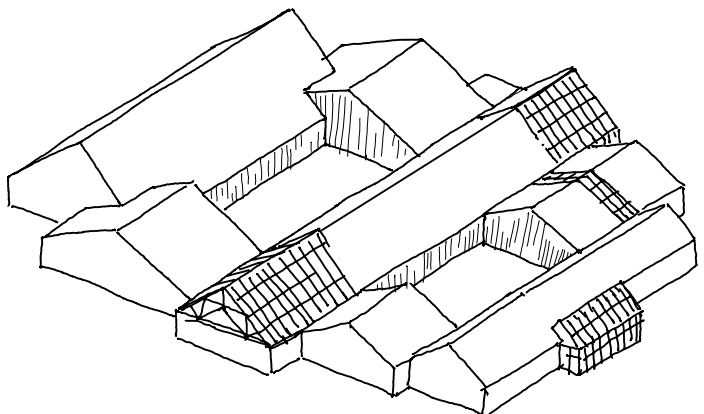
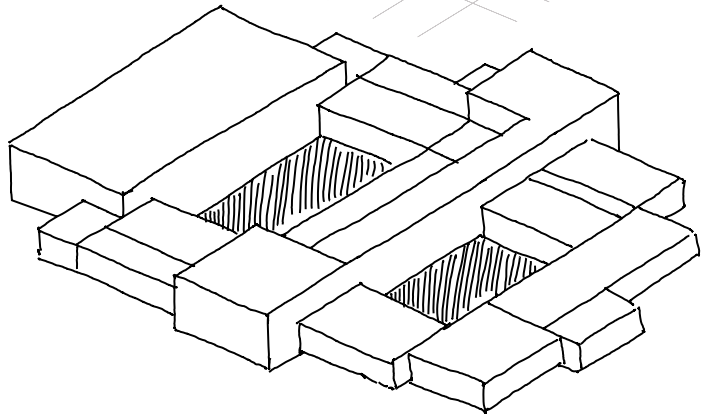
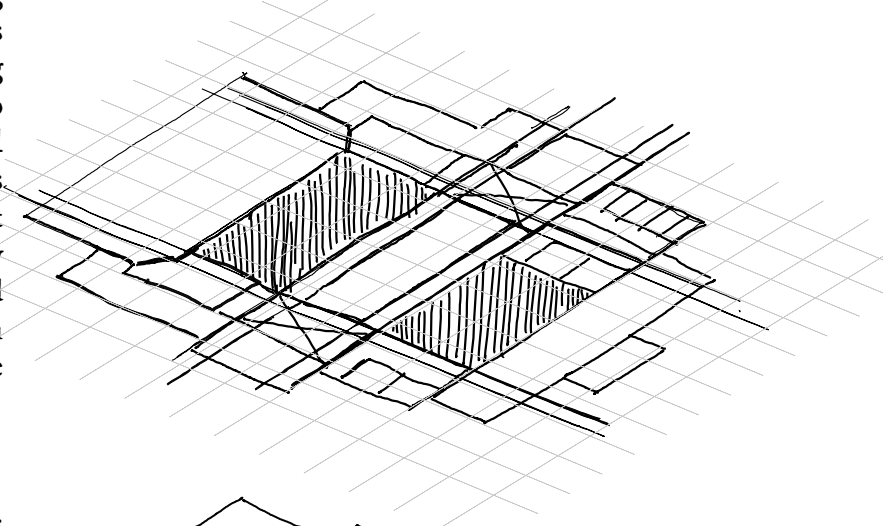
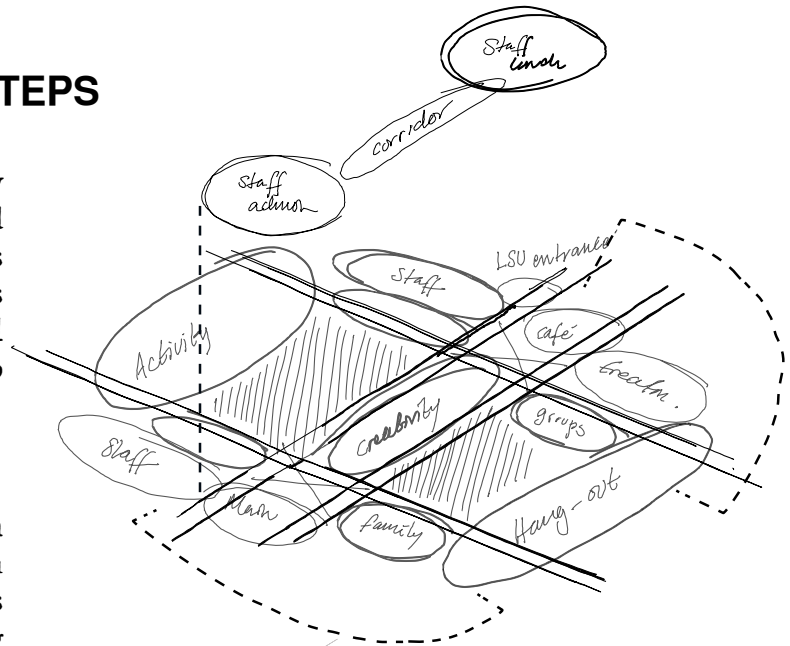
The cluster of arranged functions is then determined in size and connected through corridors. The trigger factor of corridors is considered by being wide enough for passing people on a distance, providing continuous sightlines with view at the end to avoid feeling trapped, and kept relatively short and take up relatively small space in proportion to the total or be generous and overviewed. Some functions are reached through secondary corridors to not disturb the flows. A grid of 6 meters is currently used based on the functions with predetermined sizes, like multi-hall and treatment room, which also allow a system from the largest to the smallest functional rooms.

3. Height & Light

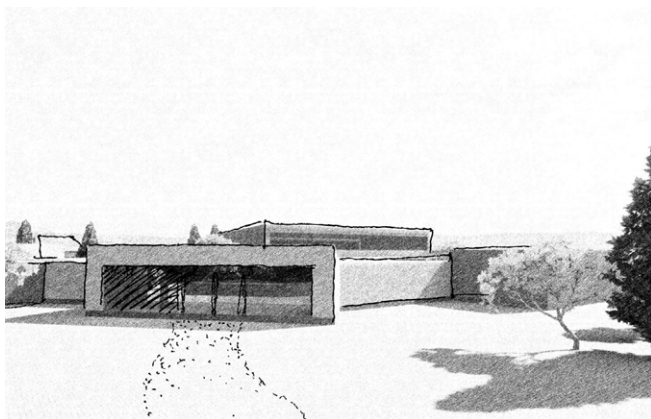
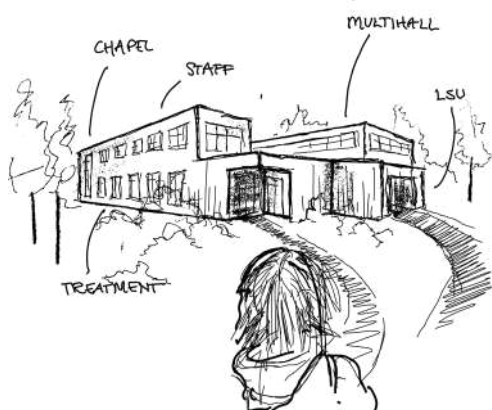
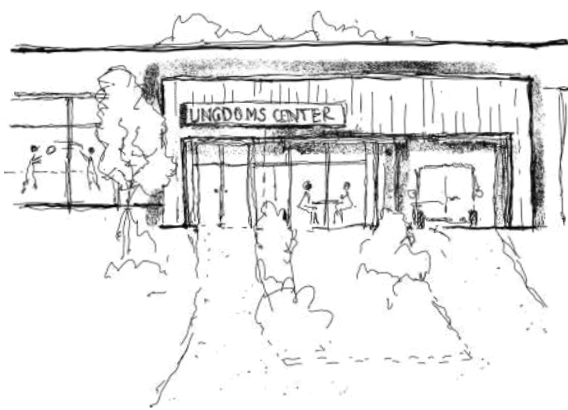
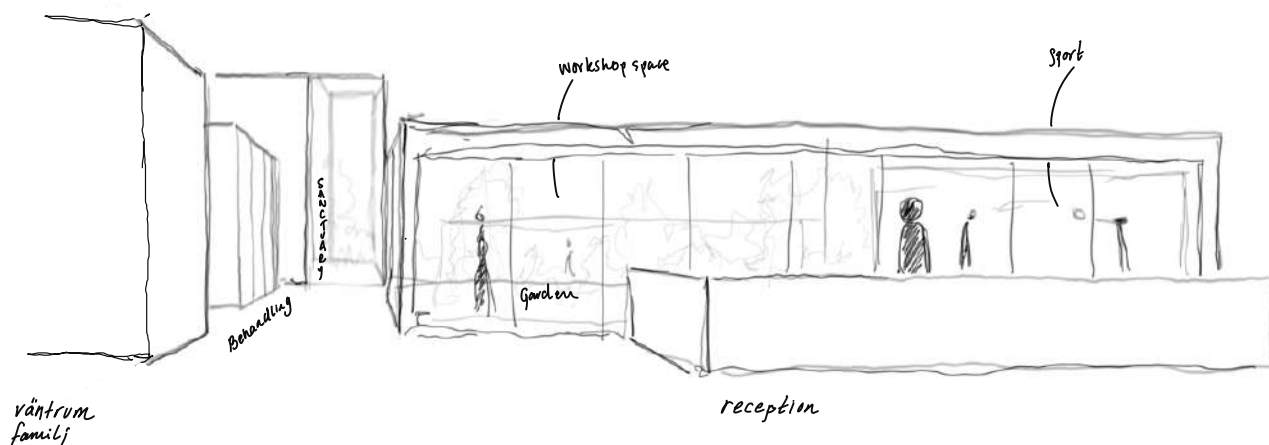
Necessary ceiling heights and number of floors are added to find where daylight need to be considered more carefully, while also providing enough height to minimize break in. This step is also considered earlier in the zoning process.

4. Expression & Impression

Roof scape and material expression is then the last step to create a common recognisable and less institutional volumetric language. Different heights in the roofs also aim to support different functions as well as introducing playfulness while also optimising daylight where possible. Roof trusses are visible from the main corridor gables as a welcome and guidance. Since material expression have many potential positive outcomes, a mood board is presented for Brättegården further on, but is not included as part of the framework.



EXPLORATION OF THE FUNCTIONS



"Two things remain irretrievable: time and a first impression."

- Cynthia Ozick

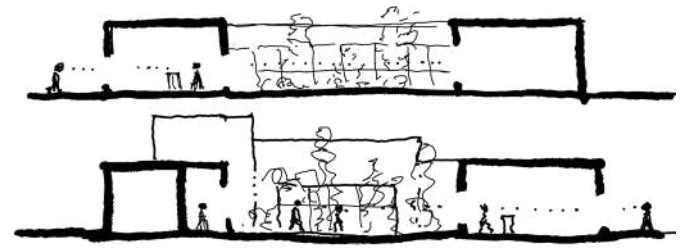
FIRST IMPRESSIONS

What does it mean to notice the building, to enter it and to leave it? Does the building function tell a chronological narrative by walking through? or does the building speak for "the exit"? What does it symbolize when being met by a reception?

The development of the first impression should allow openness and accessibility to functions with foundation in the concept programs and EBD for healthcare environments. To meet users with sensitive impression there should be clarity and curiosity of accessible activities but not overwhelming the entrance with ongoing activities. How is the entry and journey organized? And how can the program relate to the sequence of treatment and recovery through spaces? To notice the building, be received, be motivated, learn, be exposed, participate progress, reflect, and exit. A suggestion for both participation and building impression is for the facade to be evolving just like the youth process of change. By allowing events where youth can paint the facade, they become more in control and participants of the space and atmosphere. The possibility to separate and close of different functions is previously mentioned. Is it for example necessary with entrance sluice or should the building be openly accessed? Different ways of dividing entrances and common spaces have been explored and aims to reduce the feeling of being locked in.

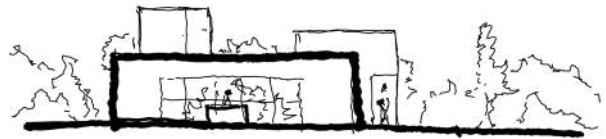
HEALTHY GREENERY & VIEWS / CORRIDORS

There needs to be a variation in typology of the interior greens spaces both to meet the need for variation in activities and natural environments. The functions should be able to relate to and use these larger pockets for outdoor activities. Gardens with different type of activity are used as buffer zones between functions to allow more users to benefit from the views and to create natural social distancing. A collection of biophilic design features could guide and reinforce the treatment goals and is seen as important for psychiatric hospitals. The first iterative sketches explore nature as a wayfinding support as well as contributing to transparency and a healthy impression. The greenery has also been developed in relation to pace of different activities. Use of green spaces has been considered as common accessible areas but expected to be used more frequently when connected to activity zones. Sightlines within the main corridor has followed the design throughout the process.



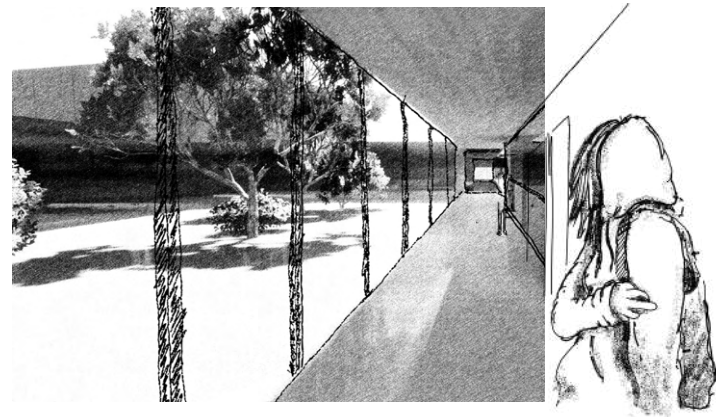
COMPASS & OVERVIEW

the first impression gives a hint of the upcoming activities.



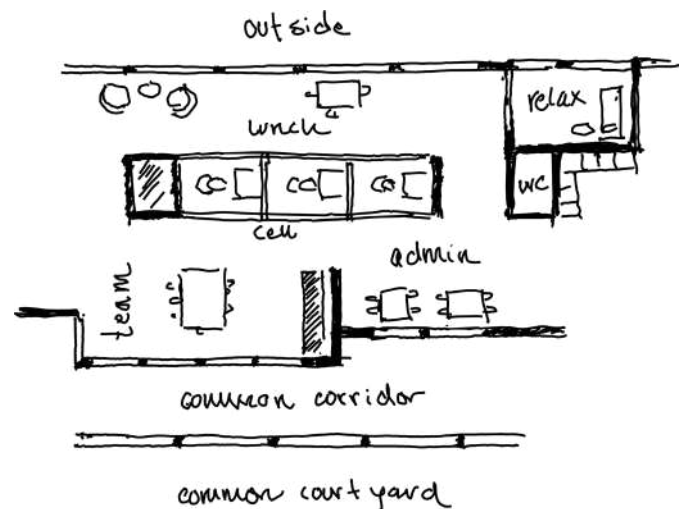
COMPASS & DISTRESSORS

hint of and variation in greenery.

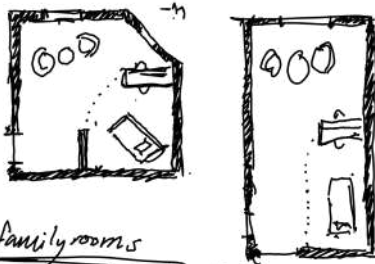


STAFF SPACES

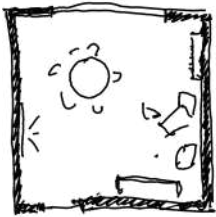
As the attractiveness of a workplace is important to favour the staff experience and performance as well as the relationship with youths, it needs to be equally prioritized. The work tasks are centred around the youth and for being present with the youths. Therefore, a balance needs to be made when it comes to supporting presence and or overview. The activity-based spaces need to meet integrity for administration and other activities that does not require contact with youths. The idea is to explore how these spaces can be efficiently accessible through team stations that are reachable and seen from all functions and main entrances. The team station should only provide space for shorter meetings and briefings between work shifts, to allow safety and private conversation, but not risk being used for watching the youths continuously. One of the first iterations explore staff tasks as spatial gradients of contact with youth.



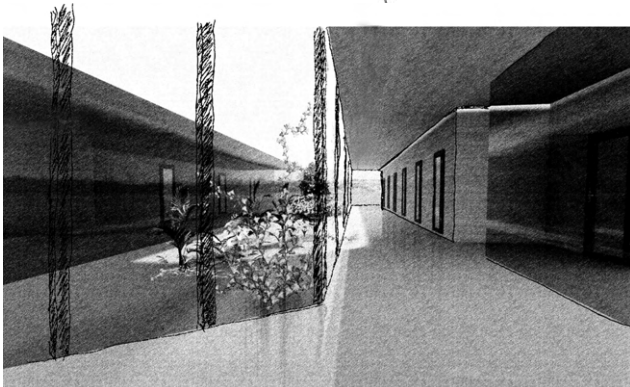
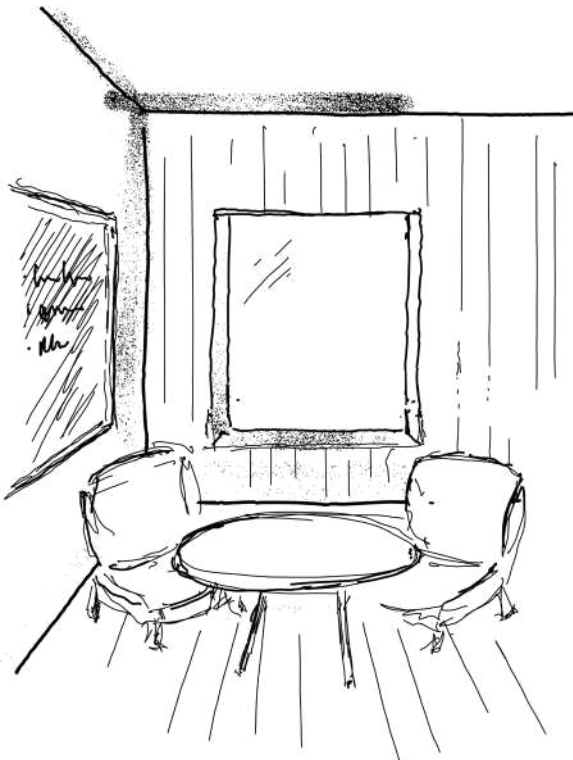
*individual treatment & examination
based on CP for healthcare & integrity*



*family rooms
conversations & visits*



*famitoterapi (vandagar)
famitoterapi (helger)
santal + dalar / white board
myshona m. bocher, spel, tv
(mini kosh / board ?)
eller stor rum anuanda
toaletter & cafe - klamrer*



EXAMINATIONS, SESSIONS & CONVERSATIONS

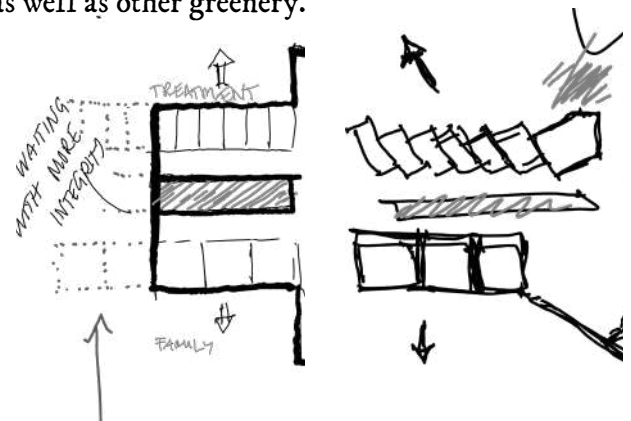
Individual treatment and examination are based on concept program for community hospitals, where the layout and size focus on respecting the patient in varied types of meetings or examinations. The room should offer a neutral ground for both patient and staff, where rearrangement can occur. It is necessary to provide a conversation area close to exterior view and multiple seating choices, and an examination area with shielding possibilities. Other shapes of the room have been iterated to explore integrity and spaciousness, but resulted in unnecessary long and uncomfortable corridors, that are also showed to be especially triggering in the youth environment. These rooms are the smallest and therefore critical when matching with the ceiling height of other volumes.

FAMILY & GROUPS

Another corridor with bigger rooms allows a neutral ground for families to meet on their own or have therapy sessions with staff outside of the residential sphere. This room therefore need arrangement that suits longer visits, providing toilet and mini kitchen for example. It should be an environment where families could relax and hang-out, but when in therapy, furniture can be arranged for suitable pedagogical sessions. Group therapy could use the same size and principle as the family therapy to be flexible in the future. By using the same room size, it can be flexible for future rearrangement.

Waiting spaces

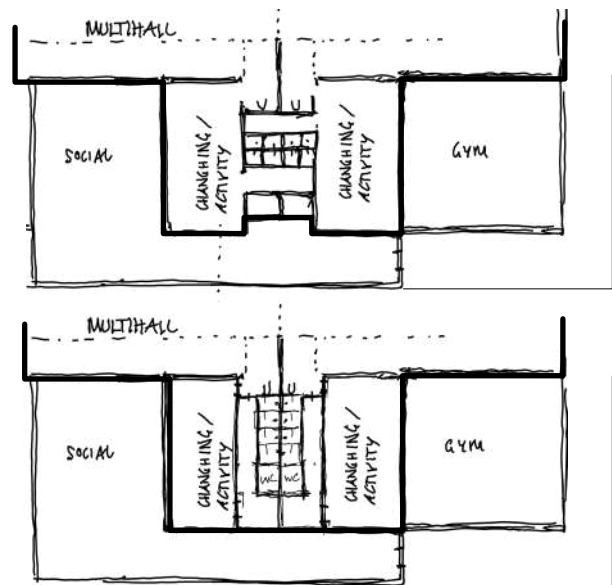
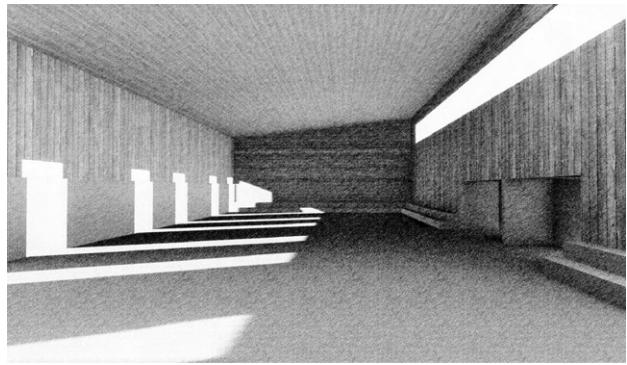
An important aspect of the waiting areas would be to consider a secondary access to therapy rooms from main corridor, generous depth, and social buffer by greenery. Since access to greenery outside of therapy differs between families and youth, the youth have been prioritised in access to this type of waiting space as well as other greenery.



ACTIVE SPACES

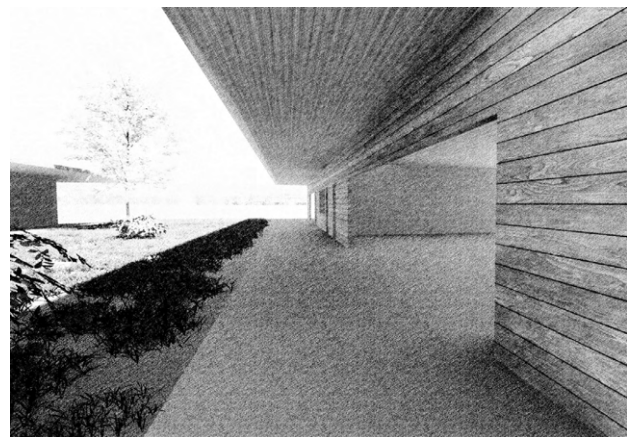
The multi-hall is divided in two by providing two changing rooms can allow two groups to use the multi-hall simultaneously. The possibility for seating should be suitable for events and bigger groups or just to sit down during class. However, it is important that these are not too high, nor a risk of harm. It is also considered to be one of the areas of most risk of outbreaks and would therefore need pockets to withdraw. These pockets should be directly accessed from the activity space but create a spatial break.

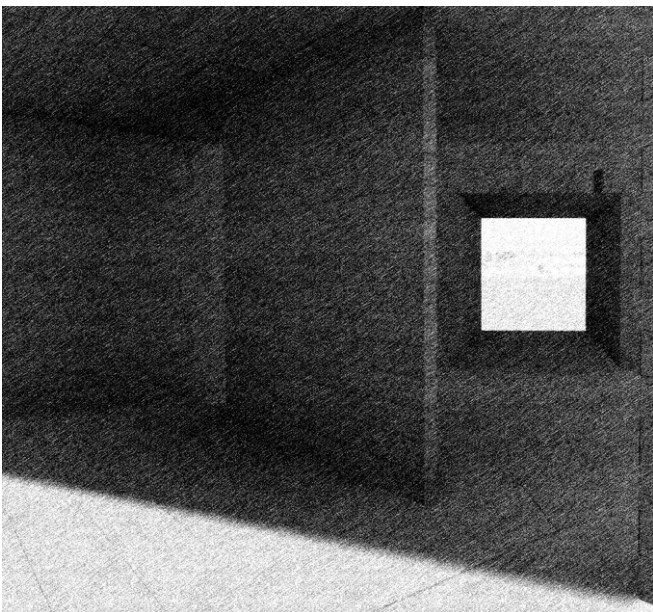
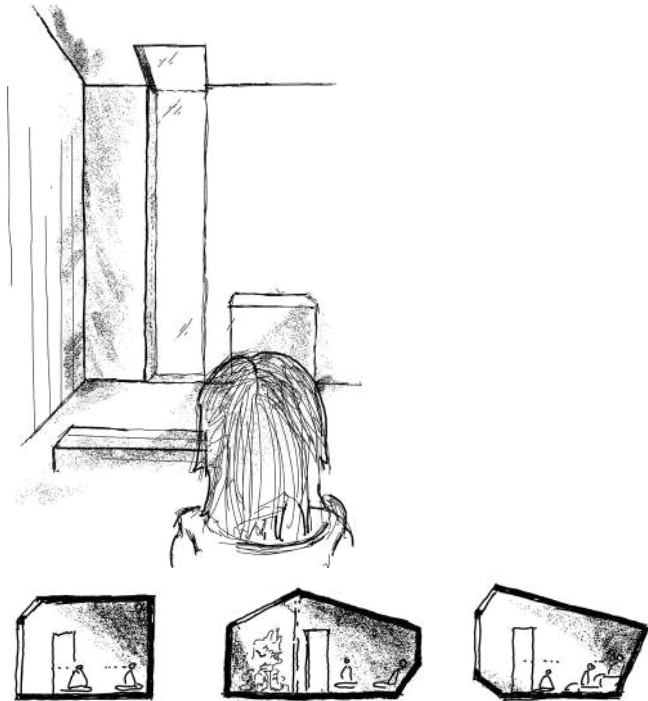
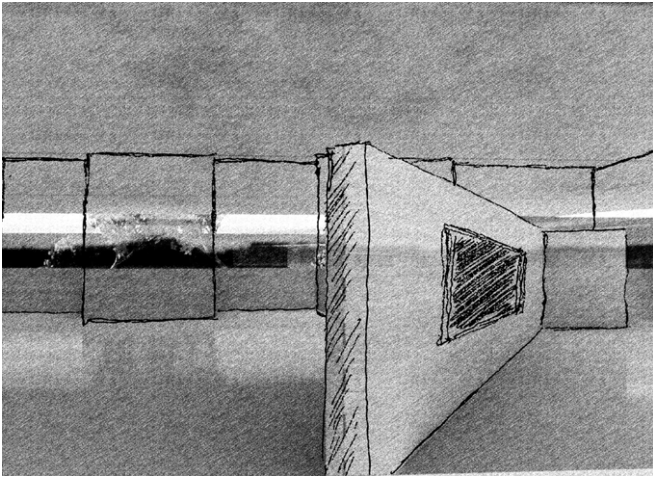
The changing rooms is known to be a challenge when it comes to integrity. Different arrangement for efficient use and different levels of privacy were explored in relation to White's concept program. The possibility to transform these changing rooms for simpler activities or briefings were explored but considered to not be suitable for the flow of exchanging groups. Instead, when matching this with the youth's needs, a combination of private shower booths, to always assure integrity of one's body, and changing rooms without showers, provided with benches and mirrors.



CREATIVE SPACES

The youth within compulsory care needs encouragement and should be allowed to spread their message as much as others. This space is where the youth's creativity should become part of the treatment as well as the building. By placing it centrally, exhibition and viewing of this space can be allowed. When creating this type of open space, there must be places for the individual, for example by nocks or a lower roof. If the space has outdoor access towards the activity courtyard exhibitions and creative sessions could expand. The possibility of opening this space towards a garden or even towards the outside has been an exploration of challenging the institutional border and inviting external exchange.



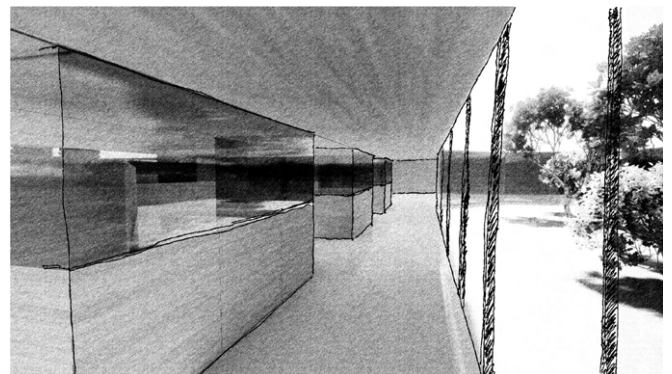


THE HANG-OUT

The hang-out is a concept taken from the common areas of the residential spheres of institutional life. Where the idea is to divide the area into voluntary social zones with good distance from each other and free from creating hierarchy among the youths. Here you can find different seating arrangements, games, books, films and sometimes a pingpong table. Dividing these activities and still provide visual overview could be done with spatial dividers. This area is supposed to be an open node for more informal interaction between the users as a youth centre. Important to consider is the tempo of activities not disturbing each other while still allowing overview. Since youth likely will stay longer in this area, nature access in terms of a therapy garden would be preferred. The openness of the spatial development has decreased along the process to ensure the comfort of each zone.

THE POCKETS

Within the program a space for total presence or withdrawal is also explored, both within activity and corridors. Throughout the process this has developed into the concept of the “pockets”. They can either focus inwards or outwards, allow nature shadows or clean light. The sight focus has three options: inwards with light source from above; with or without nature; outward focus on nature beyond building. But focus should always be framed/concentrated. The impressions from both sound and visions are reduced and could act as a “time-out” space. Few distractions and objects should support the idea of focus on self and minimize impressions. However, a shelf of selected books could be accessed outside and intentional objects for comfort. Furniture like enclosing armchairs could be used but could also detach the person from the spatial experience and view while floor cushions might not.



MOOD BOARD



Contrast/Guidance



Contrast/Variation



Invitation/Clarity



Brightness/Contrast



Brightness/Contrast/Sound



Structure/Contrast



Directions/Warmth

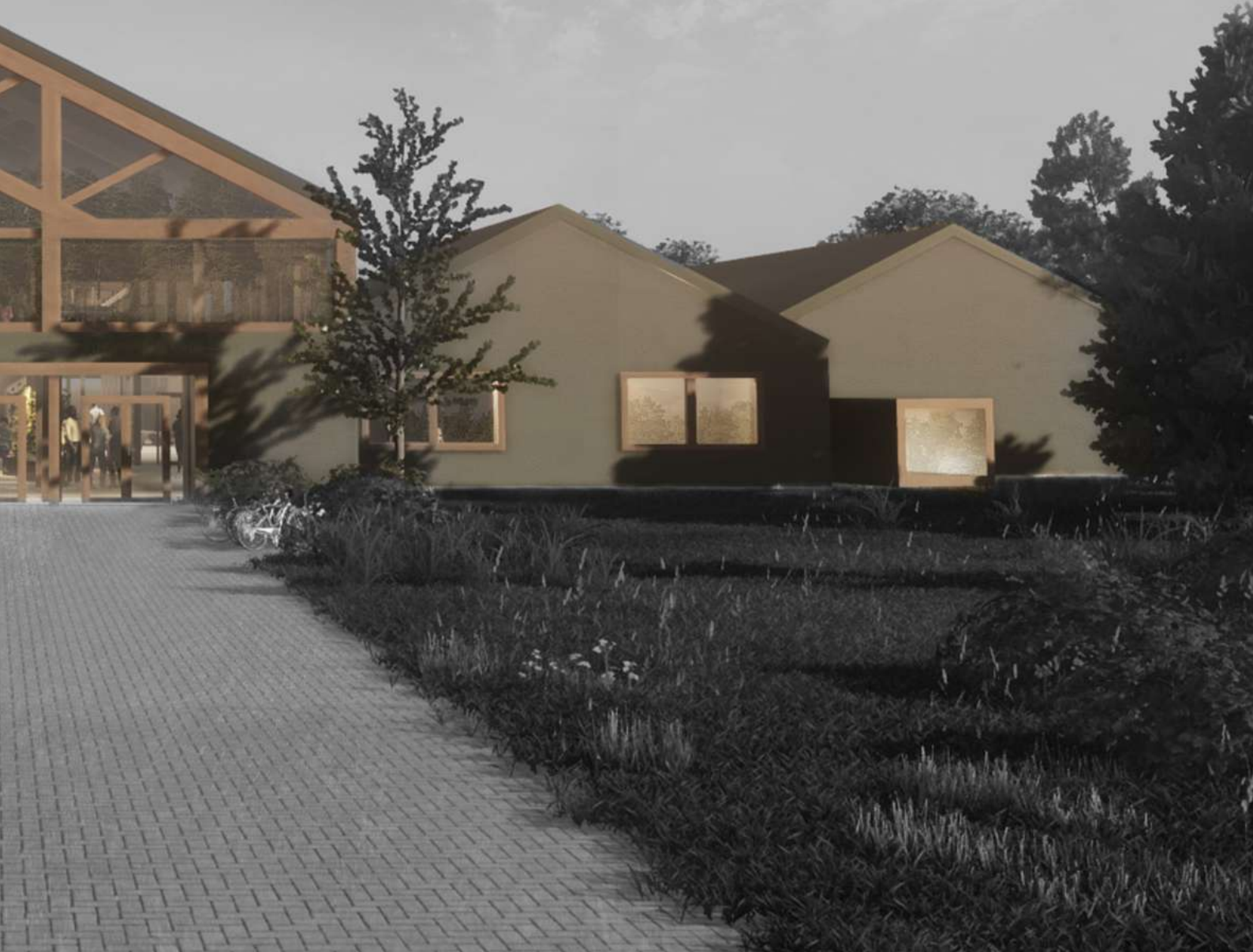


The atmosphere created by material, objects and colour should always be balanced as therapeutic environment signalling recovery, minimizing overload of impression as well as working for a secure healthcare and public environment. Natural or nature related materials, dimmable light zones, soundproofing, and contrast between soft and hard would therefore be beneficial. At the same time, the users are young and need encouragement and positivity which can be created by intentional design and spatial choices that invite movement and participation such as level differences, workout equipment or walls for participatory painting. Direction of wood planks, contrasting materials and colours, mainly green, are used intentionally to simplify orientation, for exterior vs. interior impressions, central functions, and playfulness. Note that: the concepts of this mood board are general inspiration for all institutions but it does not aim for the same outcomes as Brättegården.

PROPOSAL AT BRÄTTEGÅRDEN

**"The fog finally dissipated
and I can see reality from
my own perspective.
Now I'm finally free."**

Youth voice from: Sis 2020



Own visualisation: Exterior view of the first impression

Framework implementation:

- Visible trusses in entrance volume
- Car free entrance square with greenery
- Participatory graffiti wall changing over time.
- Less institutional volumetric language

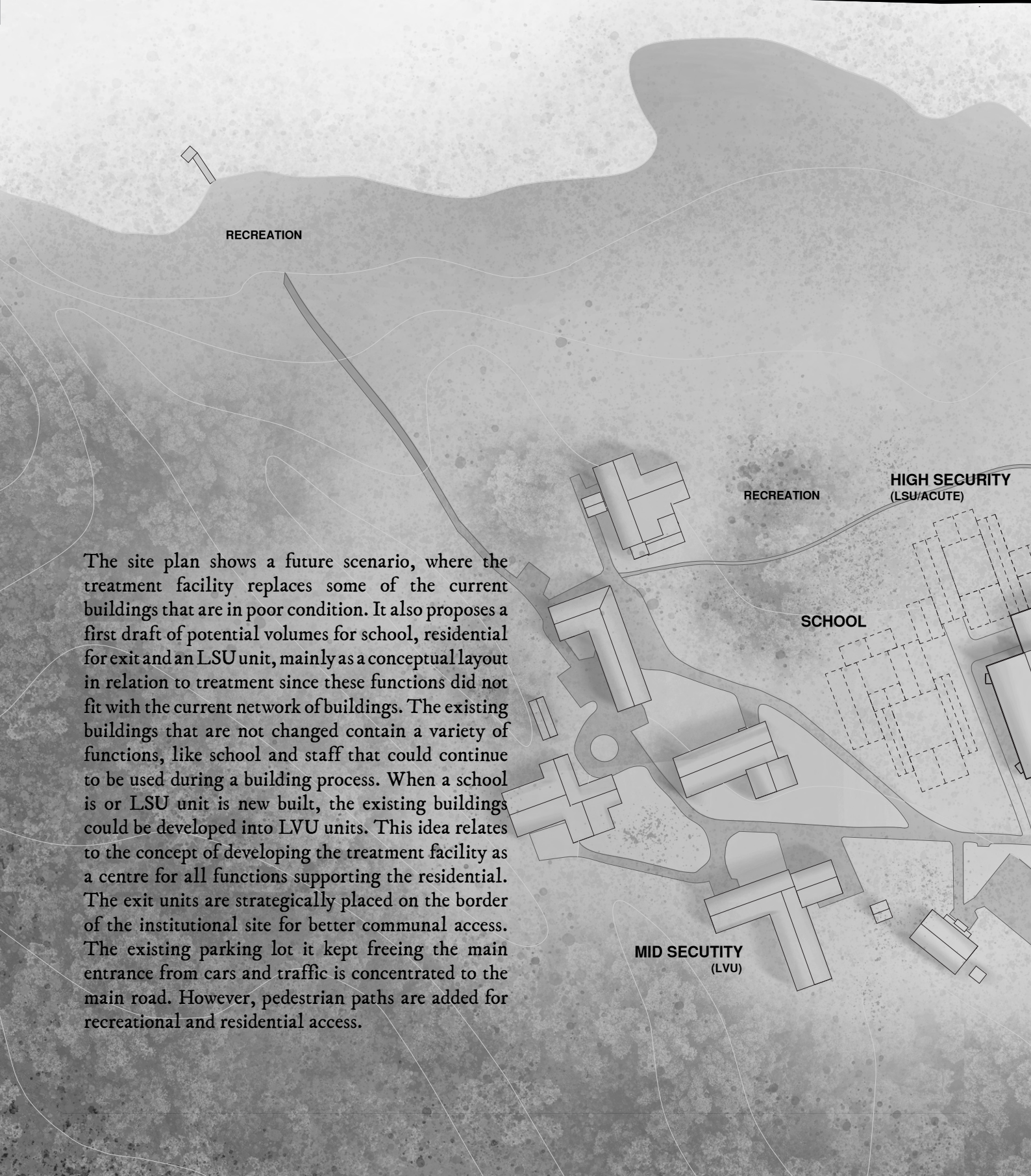
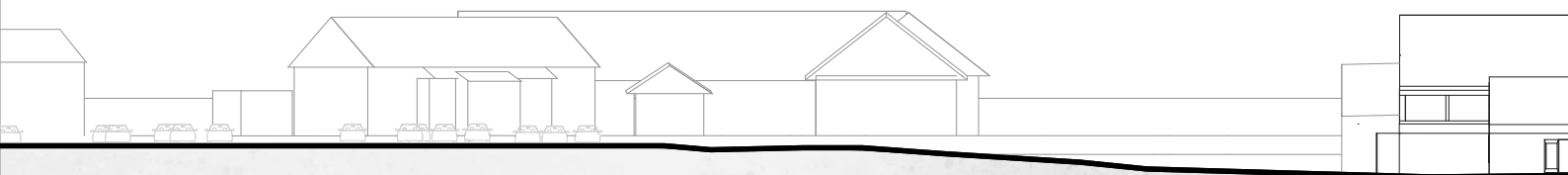
Main materials:

- Darker linseed oil treated pillars and skirting (all visible structure).
- Green plastered facade walls
- Green zink aluminium alloy roof
- Integrated sun panel roof (south direction)

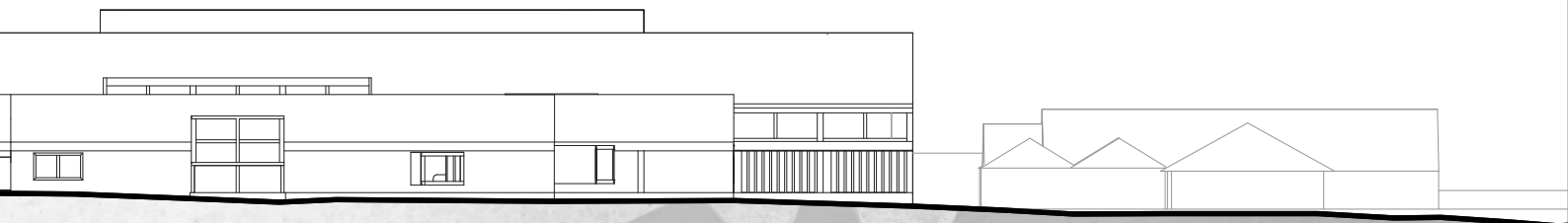
THE FIRST IMPRESSION

The building design strive for a first impression making the user feel a sense of place and belonging through a volumetric language representing a more regular neighbourhood, a transparent visible entrance, and coloured facade that is uplifting but still reflects nature. The sense of belonging is also established by making the facade an art canvas that is painted together with the youths allowing change over time.

THE INSTITUTIONAL SITE



The site plan shows a future scenario, where the treatment facility replaces some of the current buildings that are in poor condition. It also proposes a first draft of potential volumes for school, residential for exit and an LSU unit, mainly as a conceptual layout in relation to treatment since these functions did not fit with the current network of buildings. The existing buildings that are not changed contain a variety of functions, like school and staff that could continue to be used during a building process. When a school is or LSU unit is new built, the existing buildings could be developed into LVU units. This idea relates to the concept of developing the treatment facility as a centre for all functions supporting the residential. The exit units are strategically placed on the border of the institutional site for better communal access. The existing parking lot it kept freeing the main entrance from cars and traffic is concentrated to the main road. However, pedestrian paths are added for recreational and residential access.



30m | **ELEVATION 1:500** ⌚

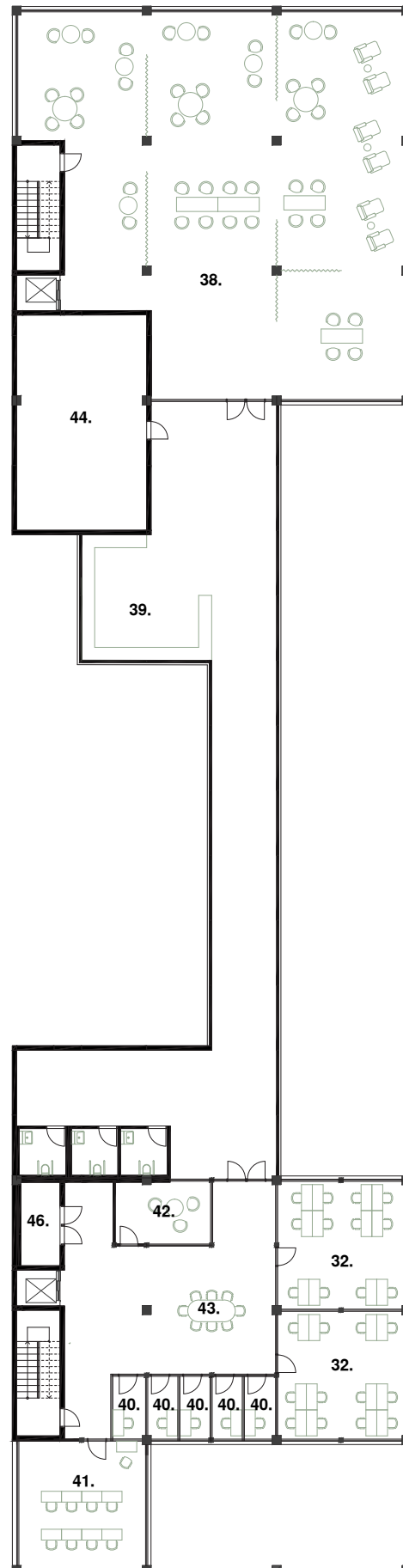
South east elevation showing relationship with buildings and topography.



9m | **SITE PLAN 1:1500** ⊖

THE BUILDING FLOOR PLANS





GENERAL

1. Main entrance windbreak
2. Reception
3. Self-check in
4. Neutral meeting room
5. Main corridor
6. Staff entrance
7. LSU/Acute entrance
8. Youth cafe
9. Seating
10. Pockets with view

ACTIVITIES

11. Multihall with curtain wall
12. Changing room
13. Storage
14. Group activities
15. Outdoor gym
16. Workshop

TREATMENT

17. Waiting area
18. Green pocket
19. Healthcare support
20. Individual treatment
21. Group therapy
22. Family therapy

HANG-OUT

23. Therapy garden
24. Reading / socializing
25. Cinema
26. Orangerie
27. Active games
28. Computer
29. Music studio

STAFF

30. Team station
31. Quiet room
32. Administration
33. Staff changing room / laundry
34. Kitchen
35. Dishes
36. Food collection point
37. Waste

STAFF SECOND FLOOR

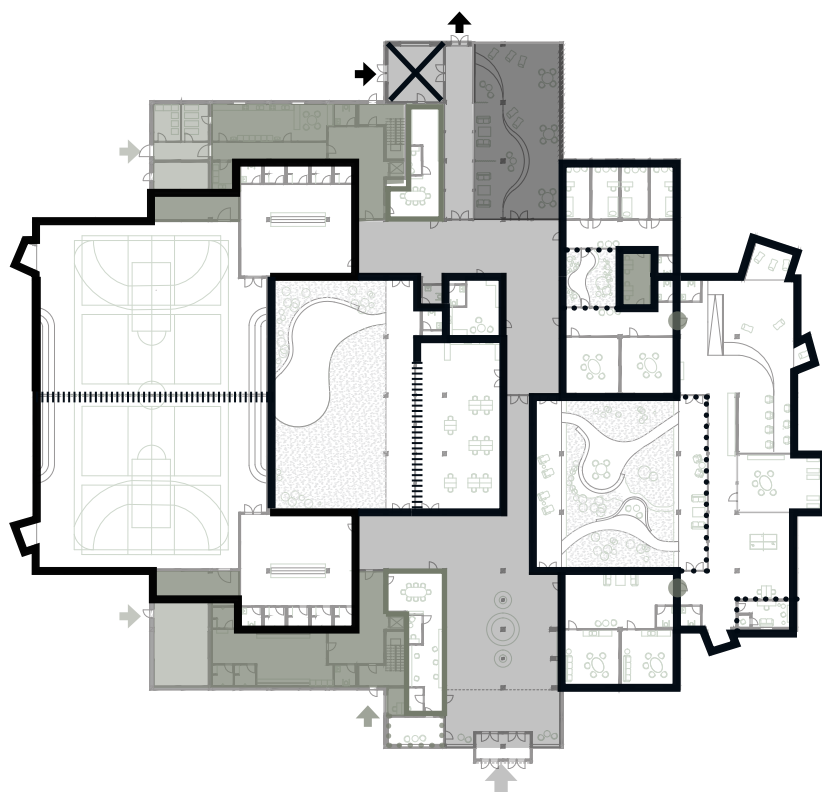
38. Lunch area
39. Self-serving cafe / lunch prep
40. Admin/Digital meetings
41. Conference room
42. Group room
43. Open meetings

TECHNICAL

44. Ventilation
45. Sprinkler
46. Electricity
47. Other support

FIRST FLOOR PLAN 1:300 ⌚

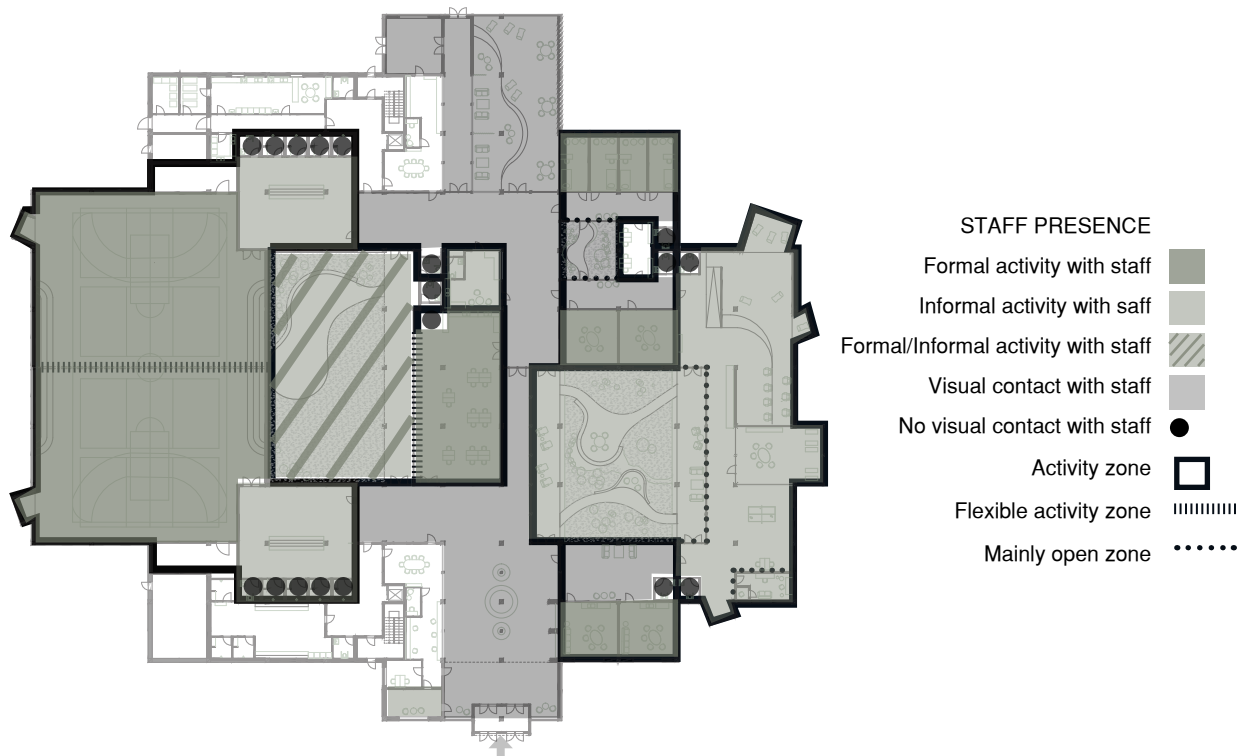
LOGISTIC CLARIFICATION



- GENERAL ACCESS**
- Sluice/LSU entrance
 - Main corridor/entrance
 - Common area
 - Internal staff access
 - Staff space with youth contact
 - Staff space with youth access
 - External staff access
 - Activity zone
 - Flexible activity zone
 - Mainly open zone



- ACTIVITY ZONES**
- Common area
 - Recreational zones
 - Treatment/Therapy zones
 - Activity zone
 - Flexible activity zone
 - Mainly open zone



The diagram for general access shows the main entrance and corridor that is connected across the building as an activity sluice. The middle of the corridor is possible to close when the building is used by different groups. The entrance for LSU has a security sluice, while the open main entrance provides the possibility for security check if necessary. This can take place in the communication room next to the reception. And if future needs demands, the windbreak can also transform into a sluice by providing a hidden locker in the wall with necessary tools.

The café is placed in connection to the smaller entrance for three main reasons, that are: View towards the water; an efficient and non-disturbing flow between kitchen, dining areas and the other activities; and to reduce amount of people staying in the main entrance and instead focus on guidance and support. The café seating area is marked since it is also designed as a room that is possible to close off.

The activity zones are distributed around the main corridor, with activities seen in the building diagram horizontally and treatment vertically. This strategical placement allows direct contact to activities from main corridor, while treatment is organized with waiting areas as a secondary corridor for the functional rooms. This layout also makes an efficient use of green views and social buffering from courtyards, while still sharing supporting functions. A mainly open zone means access between the functions, but since doors are placed in between it is possible to close. However, the functions that relate to this type of connection are designed to work together. Flexible activity zones are instead working by themselves but can be extended by opening the division. This mainly regards multi-hall and workshop.

The last diagram explains the areas that youth access and what type of connection with staff they have, to get an understanding for choice of design as well as the overview.



Own visualisations: Interior view of main entrance & reception



Own visualisation: Interior view of secondary entrance & reception

Framework implementation:

- Visually open reception & teamstations
- View over main corridor & therapy garden
- Self-check in
- Neutral meeting room
- Mainly open entrance access
- View from "street" to water, sightline across main corridor
- Generous spatial distance
- Seating as spatial dividers

Main materials:

- Light semi-matt Linoleum flooring (discrete texture)
- Green semi-matt wall tiles (central places)
- Light Träullit ceiling
- Wooden ash board wall paneling
- linseed oil treated pine panel wall (main corridor)

A WARM WELCOME

The spatial concept of the entrances is to imply free access to contact between youth and staff, to welcome with a clear and warm therapeutic impression by providing natural views and marked out central functions. Free access is also provided by self-check in desks. By dividing the space with seating, a flow for entering and leaving is created, while also creating integrity for independent youths using the self-check-in. The reception is mainly a space for starting and ending your journey of the building but does also serve as a service desk for youths who want help with organising activities, treatment or other aspects regarding their life, the facilities, and their process at the institution.



Own visualisations: Teamstation views



Perspective section 1:200 View of staff relations and main corridor

Framework implementation:

- Visual connection between teamstations
- View over main corridor and all functions
- Varying degree of privacy within work spaces
- Neutral meeting room
- Separate staff entrance disconnected from youth activities.
- Changing rooms & lockers
- Supporting/technical functions with external access
- Kitchen supporting the whole institution
- Disconnected upper staff floor for administration, mobile team, conference and breaks
- All staff spaces accessible without youth contact, (except healthcare admin)

Main materials:

- Light semi-matt Linoleum flooring (descrete texture)
- Light Träullit ceiling
- Green colored Träullit (selected walls)
- Wooden ash boeard wall paneling
- Green fabric on carpets and furniture

STAFF AREAS

The ground floor staff areas are provided to serve mainly as nodes for staff meetings as well as functions supporting the rest of the institution, needing external access as well as administration for reception and healthcare staff are. The visual access between the team stations and the circular physical staff access throughout the building is necessary for security and efficiency. This means staff can access across zones where youth normally do not. The team station has been balanced to have good overview and privacy for meetings. First floor is accessed by stair or elevator in connection to team stations and allow a flow for all different staff to access the lunch area, administration, and conference spaces. It was important for the development to provide disconnected and healthy spaces for staff. In this case the lunch area that has the same design language as the open main entrance. This space has a view towards the water and is possible to divide into smaller and more relaxing spaces by sound proofing curtains. Therefore, different types of furniture are also provided depending on what type of break is needed. No space for staff sleeping over is provided in this building, since it is not a residential unit. Another facility on site is used as a visitor building, which would be a suitable supporting facility for staff that are working double shifts, instead of being within the youth facility.



Own visualisations: Interior view of treatment pocket



Own visualisations: Interior view of group room



Own visualisations: Interior view of family room



Own visualisations: Interior view of treatment



Perspective section 1:200 View of therapy & treatment zones

Framework implementation:

FAMILY

- Close access to main entrance
- Bigger waiting area with view over therapy garden
- Rearrangible furniture for sessions and visits
- TV/whiteboard
- Window in standing height

GROUP

- Rearrangible furniture for therapy sessions
- TV/whiteboard
- Window in standing height

INDIVIDUAL

- Mix of built in and rearrangible furniture
- Window in sitting height
- Treatment corner vs. Therapy corner
- Curtain for privacy

Main materials:

- Light semi-matt Linoleum flooring (descrete texture)
- Light Träullit ceiling
- Green colored Träullit walls
- Wooden ash boeard wall paneling
- Green fabric on carpets and furniture

THERAPY, TREATMENT & VISISTS

The section for therapy and treatment represents the gradient of integrity and intentionally designed relationship with nature. Where family rooms start closest to the entrance. Family is viewing the therapy garden for a shorter amount of time, while groups can view it from their rooms. Both group rooms and individual rooms can access the green pocket for waiting or in need of a break. This semi-separation between the room types creates a functional efficiency when shifting between healthcare tasks and meetings. The individual rooms require both settings for simpler healthcare care related examinations and therapy. The window is therefore placed on one side of the exterior wall to provide a natural view towards the water, while letting the other half protect the examination corner. Placing the window here also give the possibility for avoiding the window and by preference choosing between the different furniture's. Since these rooms have a high ceiling, the wall is split by edge, light, and material to scale down, the upper part is all cladded in Träullit for comfortable sound conditions. Sound conditions are also considered by providing thicker walls between the rooms and thinner towards the corridor. Dimmable light can also adjust for type of meeting or preference.



Own visualisation: Multi-ball pocket



Own visualisation: Workshop and active court yard



Perspective section 1:200 View of activity zones

Framework implementation:

MULTI-HALL

- Low built in stair seating with round corners
- Pockets for time-out
- High windows for daylight and less transparency towards the street.
- Curtain wall to divide hall

WORKSHOP

- Staff bridge create less open space underneath
- Sliding doors towards courtyard
- Double ceiling height for display and light
- Tool and material station
- Rearrangible desks and chairs
- Double doors for larger items or groups of people

Main materials:

INDOORS

- Light semi-matt Linoleum flooring (descrete texture)
- Light Träullit ceiling
- Green colored Träullit wall
- Wooden ash boeard wall paneling
- linseed oil treated pine panel wall

OUTDOORS

linseed oil treated pine panel wall and floor
darker linseed oil treated pillars (all visible structure)

ACTIVITY ZONES

The activity spaces for more formal activities led by staff includes the multi-hall, workshop, and active courtyard. The courtyard could be used for informal activities as well. These spaces are all open spaces to allow activities and tools that require this. Therefore, they need to provide clear spaces to withdraw or to guide the activity. The workshop has an open workstation with utilities, sink, storage and materials in both ends, a marked-out toilet in tiles, direct connection to the courtyard replacing the pockets provided in other areas, and a spatial difference in roof height as well as a sound proofing wall to provide a quieter zone within the workshop which tend to cause loud sounds. The workshop is the centre of the building and provides a visual access throughout the facility responding to one of the first iterative sketches. A wooden deck is providing zones to the outdoor area. And the multi-hall has direct connection to pockets in the facade. The placement of showers and toilets have also been iterated to be efficient, clear, and safe. Many of the implementations or choices of design comes directly connected to integrity and minimizing outbreaks.

Therapy garden and hang-out is part of the informal activity zones, explained on the next spread.



Own visualisation: Interior view of the hang-out



Own visualisation: Exterior view of the treatment garden

Framework implementation:

- Different sizes and access to "pockets"
- Accessible platform for reading or socializing
- "Graffiti" wall
- Activity/utility shelf with shiftable walls and hidden door locks
- Cinema with soft floor, curtains and movable but heavier chairs.
- Orangery for gardening and socializing
- Corridor reading/studying nocks
- Open active corner and computer area
- Closed music studio
- Level differences, Shelves, curtains, Half glass or glass walls separate the zones
- Dimmable lighting zones

Main materials:

- Light semi-matt Linoleum flooring (descrete texture)
- Light Träullit ceiling
- Green colored Träullit walls
- Wooden ash boeard wall paneling
- Green carpet flooring and furniture fabric
- Darker linseed oil treated pillars and skirting (all visible structure)

THE HANG-OUT

The hang-out provide spaces and activities for informal interactions. Activities are placed to create less of an open space, to not disturb each other while still providing overview. A balance between overview, privacy and light conditions have been made to support each area. All zones are ensured to be accessible and easily accessed. Utility shelf is placed centrally, and toilets are accessed in both ends of the hang-out to avoid unnecessary crossing flows. The pockets of varying sizes are mainly directed towards the water view for relax and recovery. However, a pocket is placed in connection to the active corner. Coloured walls and fabric aim for playfulness and soundproofing.

The treatment garden is connected to this activity zone and is planned mainly for connection to natural elements, calm interaction, or relaxing activities. The decks crossing the garden to reach the hang-out have breaks with nodes and benches that works as spatial separation, but also provide movable furniture.

A SPACE FOR PLACE FOR CARE

The comprehensive idea

The aim of the thesis was to rethink the place for change to explore how the youth's needs translate into the physical environment both as space and place. The work has resulted in the concept of extracting the treatment from the residential sphere to its own facility, acting on the border of the institutional sphere.

Theory points at several ideas that would support treatment as well as other parts of the lifeworld by having clear and intentional settings and physical spaces, by location, function, and form. The spatial addition of shape to the treatment facility thereby provides a physical place to go to, to attach to and reset expectations on self and from others relative to the residential unit. It becomes a place with meaning of its own while existing as part of a miniature neighbourhood, familiar to the ones outside of an institutionalized life. The written part of this thesis presents the position and needs of the youths in relation to the physical space and its meanings. When studying the youth experience and lifeworld it becomes clear that the "place" and "sense of belonging" are key aspects to the conceptual planning of the treatment environment, and that treatment could not be developed disconnected to the institutional concept, where situations, spaces, people, objects, and activities influence one other. The treatment is a central part of the special youth home, and consequently its place will affect the life within. The violence-related outbreaks that mainly occur in the residential sphere, could be reduced

by introducing this architectural concept for the institutions changing everyday life for the youths, by supporting both living and treatment.

The design concept will theoretically meet the target groups as aimed and provide an equal platform for care no matter placement. By finding a balance between security and openness, both in entrances and access to functional elements, the building could be co-used or used in different ways. The reflective conclusion on the treatment centre's future role within the institution is to become the core of the institutional sites, where staff, communication, treatment, and coordination are managed, being surrounded by the residential units that more easily and cooperatively adapt to different groups of youth while supporting centrally organized treatment plans.

The framework for design is clearly a collection of aspects connected to the current models of design. In addition, it provides concepts for placement and performance at the institutional site. The proposal shows one of several ways to successfully implement the framework, where the implementation process shows that the framework is a flexible concept that can support several institutional sites and arrangements. Unfortunately, the generality demands interpretations that might come with varied results. Both framework and design have resulted in reflections around what should be general recommendations and what needs to be held in open discussion to suit specific sites, settings, and user group preconditions.

Limitations

Even though the proposal suggests future implementation at a real site, I would argue that it is more important as a theoretical base and starting point for further discussion, while this type of project in practice deserves more dialogue with staff and exchange with youths prior to an actual building development. In best case scenario and in the theoretical concept, the facility would be provided at each institutional site as a centre of activities, staff, and the youth treatment process, surrounded by the residential units. However, since the capacity of this development focuses on the larger institutions in terms of youth placements, acupuncture strategies that reflect the development of this concept and facility could be a more sustainable and realistic

method to meet the needs of youth and the financial preconditions of smaller institutions.

The initial aim of the thesis was to develop residential units, but since these likely need to be addressed individually to meet the unique needs of youths and premises prerequisites, treatment became the focus to address a wider perspective and starting point to rethink compulsory care and to meet a larger group of youth. Based on literature and the iterated design, this treatment concept and framework could be a way of prioritizing and reaching several institutions, while still being able to design for context. It can also provide as a basis for preventative youth care and act in several parts of the compulsory process. My point is that the treatment facility needs to ensure a more equal and general ground for each youth compared to living, that could look different from outside and inside institutional life without affecting a care process negatively, presuming that the living sphere is in good condition and provide for needs. However, the question remains to see if the full thesis framework could be implemented repeatedly or partly to meet the needs on several sites.

Four spatial perspectives

To conclude the reflections around the four spatial perspectives and their support of the design process, the implementations that likely will cause most significant impact are following:

1. A focus in this development has been to ensure that the facility provides spaces for a program supporting different settings for the individual process of change. To meet the variety of individual needs, is to design for different bodies, mental states, senses, and placements. This includes a variety of concepts including recovery, integrity, participation, interaction, reaction, reflecting, learning.
2. The relationship between users of the building, mainly the youths are found to benefit from spatial buffering, for example, courtyards, “pockets” or zones. These spatial functions may reduce triggers and controlling symbols can more efficiently be placed in the natural flow of the building (i.e., as placing courtyards along corridors, and pockets close to social activities).
3. The platform and settings for care practices is concluded in a theoretical support to perform better treatment results by focusing program and design elements on contact and independence. Non-environmental aspects might affect the outcome, but the physical environment is strongly connected to the facility’s potential in creating a better chain of treatment - one that is connected to the experience of both care giver and caretaker. A likely outcome, strengthened by the findings of the thesis, is that the long-term gain of the place for treatment is on the one hand to plan for closeness between youth and staff and the possibility for both to reach out for contact (overview and meeting), and for youth to do so with integrity (for example by providing meeting rooms in connection to reception and for overview to avoid signalling “guarding”), and on the other to give staff an activity based workplace adapted for their work tasks and needs. As the proposal shows, the staff area creates the possibility to disconnect from different work tasks spatially and mentally while providing a gradient of contact with youth depending on task. This type of environment would reset the current settings for care practises and hopefully improve relationship and trust between youth and staff.
4. Lastly, as research shows, the design is intertwined with underlying social and emotional meanings. These reveals both through intention of objects or space, its function, its ascribed meanings or expected behaviour or situation. This conclusion is addressing design approach, rather than specific implementation since it is more connected to awareness and intention of design. One concrete example from this specific project is the graffiti wall aiming to make the users creativity visible as well as participate in the building’s expression and meaning over time. Another example is the exterior shape of the building aiming for a less institutional impression that reflects its surrounding. A final example is how youths can control their own situation and security by including accessible pockets to withdraw, as well as self-check in and areas being locked by function and schedule instead of by “deserved access”.

Further research

There are previous conceptual frameworks for design both directed to the special youth homes and for other healthcare environments that have shown positive outcomes including reducing outbreaks, as well as improving caretakers' satisfaction of both care and environment. Additionally, the sociological research project about the youth experience presents a detailed understanding of the socio-spatial and socio-material experiences and links to the results of the youth exit process, as well as their general well-being. However, no works have been found that strive for understanding the lifeworld of the youths from their own perspective, to challenge and support the planning of their treatment and mainly its physical place. It seems that the organizational and premises development is just in the beginning of integrating different fields of knowledge, where this thesis could serve as part of the knowledge development.

An important focus in the continued development of work connected to SiS physical environment would suggest developing methods that strive for participation from youths within the design process as well as using current methodology (A combination of ethnographic studies and "measuring" EBD for evaluating the implementations. A thorough investigation of each institutions' suitability as a treatment environment would be an important complement to the proposed conceptual idea of an institution and to the current strategies and information on which institutions to strategically invest in. The treatment facility development would also fulfil its purpose better with a more detailed exploration of how the residential spheres would complement the institutional concept.

Final reflections

What arises when we try to see in children's best interest, rights and needs, equal access to care and contributing to reduced stigma from society? In relation to design, the main challenge has been the conflict between security (its socio-spatial or -material meaning) and openness (allowing independence and individual rights). The design process has clearly shown that a framework for design needs to be specific but remain adaptable to context. A standard building was evaluated as not meeting needs and full potential.

Design aspects, choices and methods have many potential ways of leading to similar results, which make the approach and the standpoints important as an umbrella for the implementation to show positive results. Intentionality and recurrent critical questioning are concluded as key tools within this approach.

The idea of and path to openness might not mean that no doors can never be locked, but relates to the narrated physical space, that happens both in a wider context – the society and the collective view, the personal history with the spatial idea, the expectations, symbols, and meetings that happens within. Working with the aim to balance security, integrity and openness has sometimes been conflicting and risks one or the other aspect to suffer. The aspect of LSU youth arrival remains a reflection and a concept that would need to be further developed. However, the separation of the two entrances makes a standpoint for both practical and security reasons. It is a result of providing access to activities, balanced by security, while minimizing the risk of the design being at anyone's expense.

Difficulties in getting close to the target group makes it valuable to start from the interview studies. When these analyses are considered alongside healthcare architecture, we can get closer to what can lead to an integrated planning model that supports a place for young people to change for the better and even reduce amount of youth ending up on unhealthy lifepaths. The fact that experience of architecture varies between the professionals, the users, and the viewers, partly answers the question of who has the right to speak for the building or design. Since a dialogue is necessary, no one should speak for it by themselves, but rather widen the understanding together. Any exclusion or inclusion should be done consciously intentional.

CONCLUSION

So, how can the physical environment for treatment redefine the incarcerated youth's place for change?

The thesis design- and theoretical process have arrived at the conclusion that the place for treatment in terms of an extracted multiprogram concept on the border of the institutional sphere. By considering both contextual and existential dimensions to place a starting point is created for the development of a physical environment that contributes to a sense of belonging and receptivity to care, since care practices are dependent on supportive spatial settings.

The youth's needs are translated into physical place with the support of four spatial perspectives that are provided for further development. These perspectives in turn influence different scales that develop the physical environment. By integrating an Evidence-based ground and the socio-spatial youth experience the research has resulted in a design framework with the potential to provide the basis of a platform that supports positive treatment results and care practices.

Further methods for integrating youths in the design process are necessary for the development of youth institutions and strategies on how needs and capacity of smaller institutions can be met more accurately. Discussion around the security system needs to be held in this mix of professions, to explore the potential for openness and less power related action within the incarcerated lifeworld. To open that discussion, this thesis could act as a bridge on the border of the sociological aspects of the institutional placement, the premises development and contributing to knowledge access for the organization as well as the public.

And finally, to shed light on each individual youths' right for treatment and care:

**The process of change needs a place,
that needs a space.**

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-SiS Standard unit
-SiS Brättegården

Within psychiatry

-Rågården
-Östra

I kindly request those in authorized positions to:

**"Give SiS preconditions that
serve as a basis for change."**

-Kajsa Nolbeck, 2022

