KAPWA: Cultural Values in Architecture

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M.Arch Thesis, 2023

Dedicated to my mum and brother, Rita and Robert Lance Maligro, words cannot truly express how grateful I am for the both of you.

Thank you.
All in good time.

ATTESTATION OF AUTHORSHIP

I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.

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ABSTRACT

This thesis investigates how cultural values can be used to influence design and architectural thinking. Architecture should not deny anyone – especially migrants and healthcare staff – caring and welcoming spaces and environments. How do we create architecture that offers care and support to the migrant healthcare workers who provide care for us?

Set in the Greenlane Clinical Services Centre, in the middle of Auckland City, the site is an enclosed campus surrounded by eclectic urban neighbourhood. Throughout the years, the site has experienced changes which caused disruptions, stress and anxiety for staff, patients and visitors. Currently, the existing staff housing is still operating in a paternalistic style that does not accommodate the needs of contemporary migrant worker and their families. The essence of care, hospitality and community within the context of the Greenlane hospital has slowly diminished. Furthermore, as New Zealand is in the midst of a healthcare worker shortage crisis alongside the rest of the world. The thesis interrogates the opportunity of offering immediate accommodation for healthcare migrant workers and their whanau as one measure to alleviate the healthcare staffing crisis that New Zealand is facing today.

Mapping and modelmaking are used as tools, catalysts and drivers for the design proposition and to interrogate the potential of manaakitanga (hospitality), *kapwa* (fellow being), *paki-ramdam* (feeling and empathy) and *kagandahang-loob* (inner nobility) in the context of architecture. The project addresses the practical needs of migrant healthcare workers but also aims to resonate with their cultural identity; promoting a sense of belonging. Ultimately, this thesis contributes to the discourse on the intersection between architecture and culture in the context of health and well-being.

Keywords: manaakitanga, cultural values, Filipino diaspora, migrant workers, hospitality

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INTRODUCTION

The concept of care and hospitality has always been deeply ingrained in Filipino culture. It is the deep acceptance and welcoming attitude shown to family, friends and guests alike. Similarly, in Māori culture, manaakitanga (hospitality) also plays a key part in the expression of kindness and respect. This design research stems from personal disconnection and curiosities surrounding my Filipino culture and our deep-rooted cultural values that are still present to this day. Therefore, this thesis asks the question:

how might Filipino cultural values be used as a design driver in an accommodation building [at GCSC] that embodies manaakitanga for healthcare migrant workers?

Positioned within the Te Ara Manawa Lab - a group of eight thesis students working to develop the Greenlane Clinical Services Centre site and working collaboratively alongside Ara Manawa, an interdisciplinary design and innovation studio[1]. The architectural proposal from this design research positions itself in between the 'bogged down' realist and the ideal utopian world; between pragmatic practices of the healthcare system and the conceptual theory-based framing of academia.

Chapter 1: The first chapter introduces the research methodologies used in this thesis design research and establishes the key motivations of the thesis. The question is thoroughly explore in the following subchapter that ultimately highlights the context of the Filipino diaspora - its beginnings and effects. This section also establishes the core cultural values that informs the design thinking for the architectural proposal. Theoretical works from Dr. Virgilio Enriquez and Emilio Ozaeta are discussed to gain conceptual understanding of values, beliefs, character and practices of Filipinos and its relationship to space-making and architecture.

Chapter 2: Explores healthcare models specifically looking at examples from Maori and Pacific cultures. The Philippine health system does not have any holistic models for provision of care and this section interrogates if it is necessary. By investigating these models, it gives further insight as to how other cultures interpret holistic thinking in the context of healthcare.

Chapter 3: This section focuses on the past, present and future of the healthcare system here in Aotearoa, New Zealand. It begins with understanding the historical context of traditional Māori medicine (rongōa) and how the healthcare system structure changed and evolved over time. It highlights current issues and problems that the new system is facing. This presents the opportunity to investigate trends and reveal possible gaps and opportunities.

Chapter 4: Diving into the site of Greenlane Clinical Services Centre (GCSC). This chapter highlights the current state of the site and specifically focuses on the issues faced by staff. Which is then followed by Chapter 5 which is an exploration of housing and cultural precedents is carried out in order to further inform the design process. Housing precedents are studied to truly understand the essence of accommodating and offering residential spaces to migrant workers. Cultural precedents are also examined to capture the spirit of community and to learn more about how spaces are organised to be more welcoming and caring towards its occupants.

Once these precedents are thoroughly analysed, Chapter 6 discusses the methodologies used in this design research. Firstly, mapping is used to show the relationships and gaps between the site and its surrounding contexts. Drawing and model making further analyses these relationships and also acts as an iterative tool that allows me to develop initial concepts.

Chapter 7 begins to realise the research done in previous chapters into an architectural outcome. It establishes the site for the architecture and its programmes. Interrogating possibilities of Filipino architecture in the Greenlane site. Lastly, to conclude the research, key findings are then summarised in Chapter 8.

[1] aramanawa.com

RESEARCH METHODOLOGY

This research began with my interest in learning more about Filipino architecture as a way to regain a sense of cultural connection. This is a part of a personal discovery and understanding the depth of our diasporic nature. In this research, I studied the Filipino diaspora and traditional architecture of the Philippines using various sources (books, journals, videos) as well as my own personal lived experiences to gather as much information as possible. Additionally, I conducted informal interviews with family members who have experienced migrating and are a part of the Filipino diaspora. These conversations were incredibly insightful in accessing information that are not formally written or published. It was from these conversations that I gained valuable interpersonal insights regarding the struggle and sacrifices that overseas Filipino workers (OFWs) had to endure. Additionally, other forms of published writing, including other theses were helpful. I also used information collected from Māori and Pacific cultures due to the similarities that related to Filipinos' way of life. This research asks:

how might Filipino cultural values be used as a design driver in an accommodation building [at GCSC] that embodies manaakitanga for health-care migrant workers?

With this research question, to fully understand what it aims to resolve, I broke it down to five sections with sub-questions derived from my main research question.

1.   What caused the Filipino Diaspora?
2.   What defines a Filipino?
3.   What makes a space Filipino?
4.   What are some cultural overlaps between Māori and Pacific indigenous cultures and Filipino cultural values?
5.   What can be learnt from exploring these concepts to develop an architectural project that embodies indigenous knowledges?

CHAPTER I: FILIPINO DIASPORA

1.1 WHAT CAUSED THE FILIPINO DIASPORA?

Filipinos and their diasporic beginnings began in the Marcos' regime in the seventies and eighties (San Juan, 2001, p. 261). Ferdinand Marcos, former president of the Philippines, implemented the *Labor Export Policy* which aimed to *"increase national revenue through migrant remittances"* (Francisco, 2015, p. 99). This was further amplified due to the economic and political devastations caused by World War II where Filipinos began to flee overseas. Due to continued corruption and failure of the government, Filipinos were treated as expenditures for human capital for other countries. With overseas Filipino workers (OFWs) sending remittance to their families back home, people became an economic stimulant (San Juan Jr., 2001, p. 54). Consequently, Filipinos are all over the world, with jobs ranging from house helpers to medical professionals. According to POEA and the Commission on High Education, an estimated average of 18,500 nurses migrate overseas yearly (Lopez and Jiao, 2020). Here in New Zealand, there has been an increase in Filipino migrants over the last two decades[2] - with an estimated 72,000 Filipinos currently living in Auckland[3]. Many of these migrants work in the healthcare sector with 10% of all nurses in Aotearoa New Zealand being of Filipino origin (Kai Tiaki, 2021).
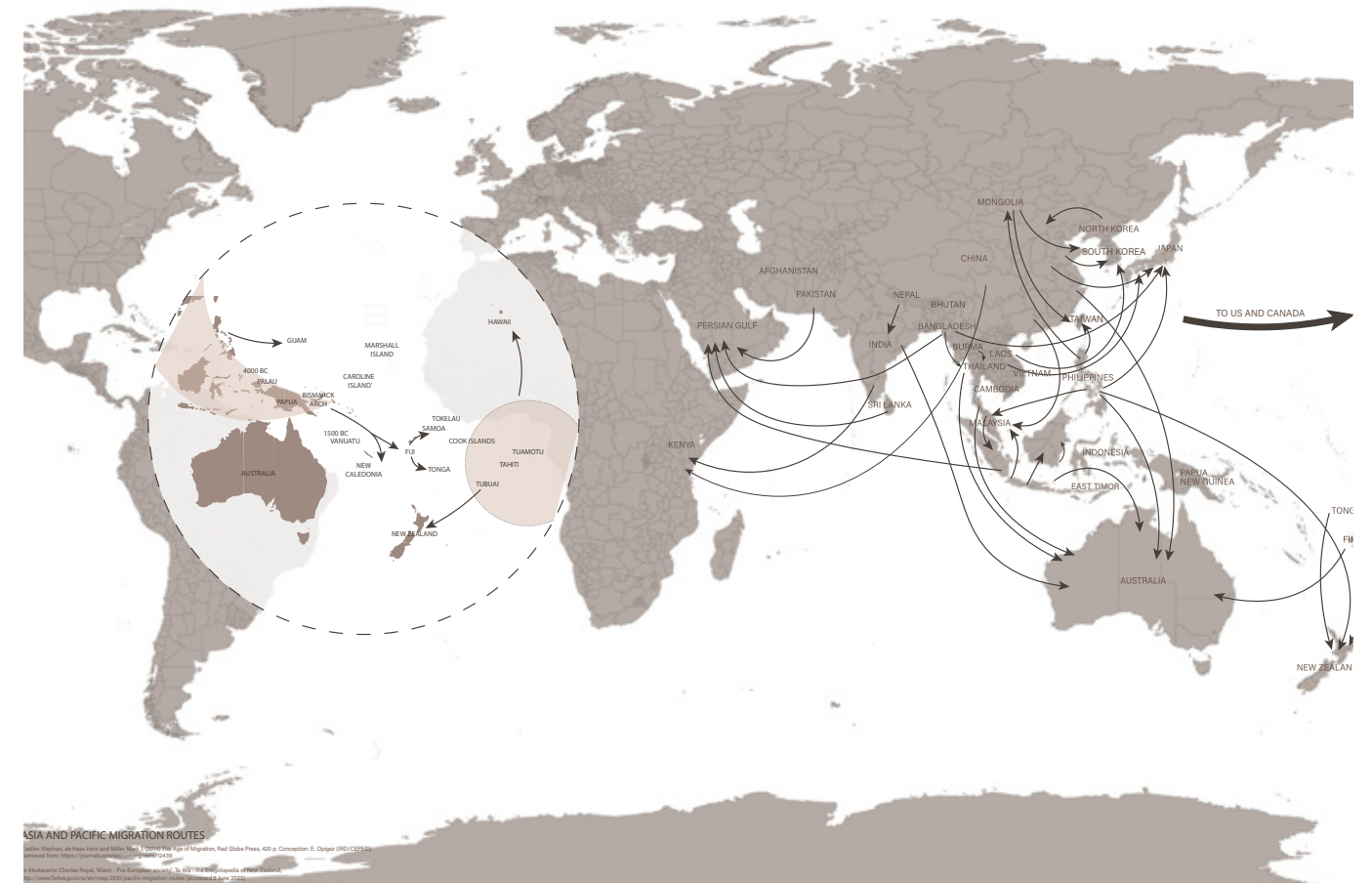
Figure 1: Digital Illustration of the Filipino Diaspora by author - based on Migrations within and from the Asia Pacific Region by Stephen Castles, de Hass Hein and Miller Mark J.
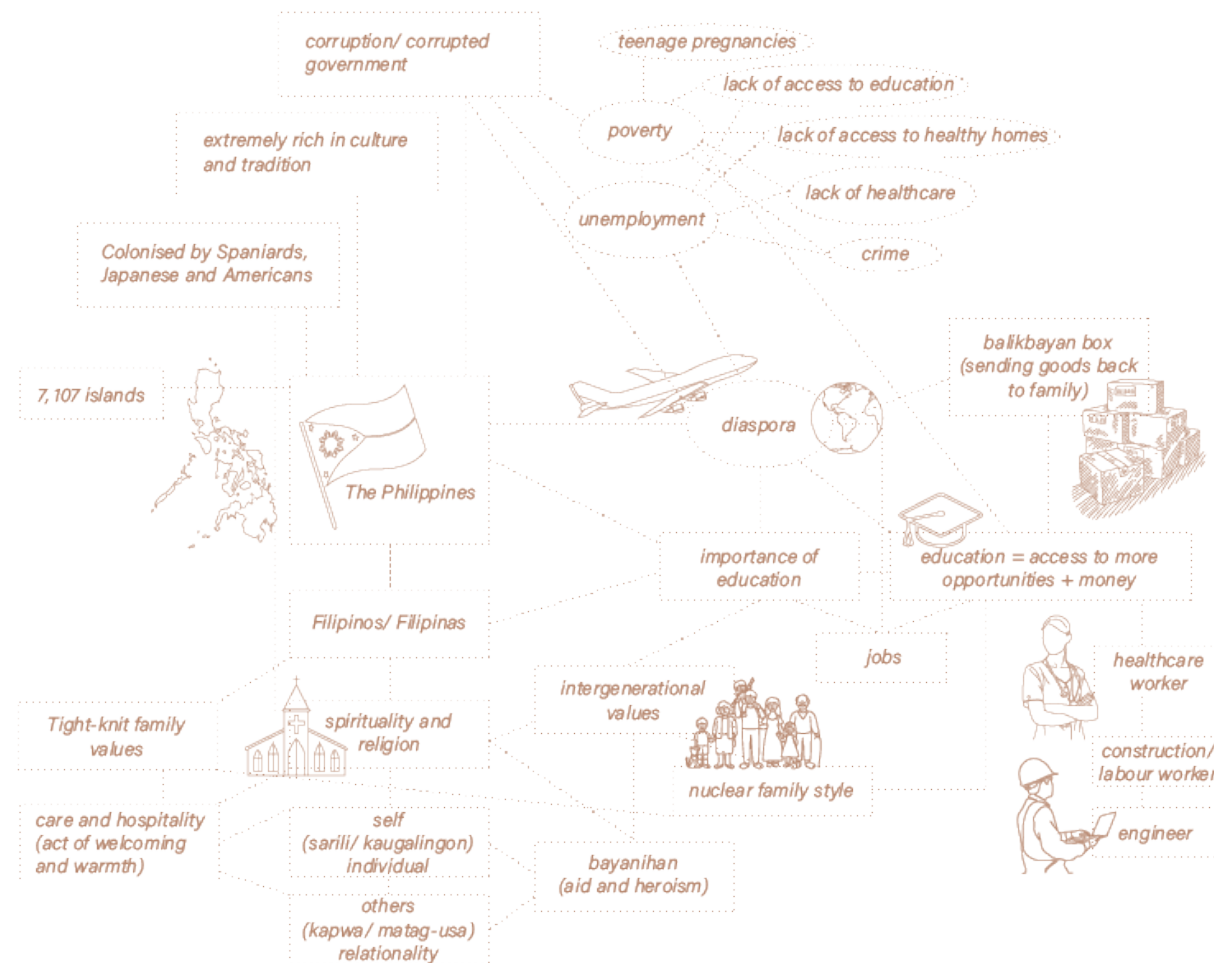
Figure 2: Mind map of 'what makes a Filipino?' - understanding the reasoning behind the Filipino diaspora

Migration is seen as a "celebrated sacrifice" (Lennox, 2019, pg. 189) whereby the government continues to depict migrant labourers as heroes not only to their families but also to a nation who heavily relies on "remittances for income and for taxes" (Barber, 2008; PSA, 2017). The dependence of the Philippine government can bee seen as exploitative; as migrant workers suffer and sacrifice overseas, there are barely any support returned to them. Stories of sacrifice and separation continue to affect Filipino families all over the world. For most Filipinos, migration both draws on and contradicts family-based values and interdependence (Lennox, 2019, pg. 189).

Due to continued corruption from the national government, the Philippines suffers from increasing poverty and unemployment rates. As of April 2023, the poverty incident rose from 16.7% (2018) to 18.1% (2021)[4] which translates to 2.3 million suffering Filipinos. This has been further amplified by the recent Covid-19 pandemic which interrupted poverty reduction policies in the Philippines . This is one of the main reasons why many Filipinos choose to migrate overseas. The desire to *"seek greener pastures"* (Huertas, 2021) is rooted in the hopes that they could find a better life for them and their families. Comparing opportunities in the Philippines to other countries, sadly, many professionals are severely underpaid (Huertas, 2021). Despite lower cost of living, salaries are still insufficient to support their families. In the Philippines, migration is portrayed as *"lucrative, accessible, heroic and desirable"* (Agbola and Acupan, 2010; Barber, 2008; Masselink and Lee, 2013; Oh, 2016; Tyner, 2004).

Filipino migrant workers are forced to participate in a rotten cycle pushed and exploited by their very own government. For most Filipinos, labour migration is not just a one-time, temporary solution, it has become their way of life (Mendez, 2020, pg. 31) in order to fulfil their duties for their families back home. The tragic reality is that there is a huge physical, emotional, mental trade-off for migrant workers while they are in the search for better lives. Therefore, this thesis seeks to investigate the possibility of an architectural proposal that can offer care and support for Filipino migrant workers.

[4] Based on data from Poverty and Equity Brief by the World Bank Group (2023)
[6-7] Statement from CNN interview and article by Jessie Yeung and Xyza Cruz Bacani (2020)

1.2 WHAT DEFINES A *"FILIPINO"*?

Filipino people and true Filipino identity are highly connected to cultural and spiritual values. These values are deeply shaped from layered colonial past and were further developed through family, educational system, religion, and society. As Cruz explains it, *"the legacy of colonial history of the Philippines has contributed to how communities perceive life, culture, and society"* (Cruz, 2019, p. 5). Colonisation is one of the main reasons for the majority of our way of being and thinking - it disrupted the Filipinos' cultural independence when it came to social and ecological development. With the heavy influence of western ideas, it is difficult to fully determine what Filipinos would have been prior to being colonised. Filipinos and their cultural values have severely changed over time. In the twenty-first century, with the unexpected Covid-19 pandemic and ongoing climate crisis, people have resorted to *"kanya-kanyang kayod"* (fending for oneself) (Ang, 1979, p. 92). However, in saying this, it has not completely disappeared. For example, the Filipino community value of *bayanihan* (heroism/ help/ aid) served during the time when labour was available for non-cash economic system (Ang, 1979, p. 92). This is a practice commonly seen in smaller towns or villages - when a family decides to move across town, the community comes together to help carry and transport the hut to the next town. Nowadays, as houses developed to become more permanent, bayanihan is less used but is not completely forgotten. This can still be seen through aid and relief whenever bagyo (typhoon) or any other natural calamities strike the Philippines. People, whether individuals or communities, come together to help and lift each other up. As summarised by Gertrudes Ang, *"bayanihan is a system of mutual help and concern which has become the backbone of family and village life throughout the Philippine archipelago... it is an indigenous Filipino trait"* (Ang, 1979, pp. 91-93). The bayanihan spirit continues on especially in the form of neighbourliness and is here to stay.

Filipino values are holistic as opposed to the individualistic approach that came with Western practices. It is important to note that although English translation are readily available for these concepts and words, for Filipinos, its true essence is deeply embedded in the language. Its deep-rooted meanings and cultural understanding that stem from the experiences that came from our ancestors are completely untranslatable. However, for this thesis design research, it tries to unpack these concepts and values through the literature work of Dr. Virgilio Enriquez and Emilio Ozaeta.

According to Dr. Virgilio Enriquez, the pioneer of Sikolohiyang Pilipino (Filipino psychology), there are three core values that are embedded in a person's *diwa* (personhood). These include *kapwa* (self and others), *paki-ramdam* (feeling), and *kagandahang-loob* (kindness and nobility) (de Guia, 2000, pg. 180-183).

Kapwa (self and others)

The word kapwa directly translates to others; however, in the Filipino language, kapwa is not a singular expression of oneself to another. It is the inclusion of oneself with others. It is the extension of "I" that includes "others". It is representative of acceptance and inclusion. As de Guia describes, kapwa is the "unity of the one-of-us-and-the-other" (de Guia, 2013, pg. 180). Kapwa is not just a word that defines others but a deeper relational word that connects oneself to another human. It is the application of "moral and normative aspects that oblige a person to treat one another as fellow beings" (de Guia, 2013). Kapwa is all about one's awareness of *"shared identity"*. Kapwa is a powerful value that was recognised at a world-wide scale in the Philippines during the 1986 People Power Revolution; a campaign movement to *"reclaim the country from Marcos' dictatorship"* (GOVPH, n.d.). Dr. Virgilio Enriquez points out that Filipinos and their way of thinking shows a deeper interpretation of sharing; it also encapsulates care, consideration and empathy. It reflects the realest form of being human and our relationality with others. Despite kapwa and its direct English translation being 'other', it does not simply mean separation or segregation; in fact, it is the complete opposite. Kapwa is the core embodiment of oneness.

Paki-ramdam (feeling)

Kapwa does not exist in the core alone, the idea of the shared self is manifested through paki-ramdam (feeling). Similarly, to kapwa, paki-ramdam encompasses more than just feeling. In Western terminologies, this is more commonly known as *emotional intelligence* (de Guia, 2013). Furthermore, Enriquez (1992) implies that this emotional bind is also recognised as "shared [inner] perception." This value was predominant within the indigenous Filipinos social aspect where emotions are open and continually shared.

Kagandahang-loob (inner nobility/ kindness)

The direct translation of kagandahang-loob is internal kindness; in which, de Guia further emphasises as *"anything good about something"* (de Guia, 2000, pg. 183). This value is closely related to beauty but not in the Western context of aesthetic or physical appearance - it is the beauty that resides from within - it encapsulates goodness and empathy. It is the value that anchors kapwa and paki-ramdam together as a whole.

Filipinos are people of empathy and are highly relational (Mendez, 2020, pg. 39). This is part of the reason why migrant healthcare workers are often seen as hospitable and caring people. To reflect on core Filipino values, it shows that indigenous values are never lost despite colonial influences. Cultural values and spiritual beliefs are deeply embedded in their psyche. This thesis seeks to revise and highlight the essence of traditional Filipino values. By focusing on true intrinsic Filipino values and practices, it adds depth and meaning to architecture – something that this thesis hopes to embody.

1.3 WHAT MAKES A SPACE FILIPINO?

This section is a literature review of the journal article by Emilio U. Ozaeta which presents an insightful discussion of one's spirituality and its relation to space. It discusses the Filipino spirit and its relation to cultural values relating back to Dr. Virgilio Enriquez's perspective. Therefore, in this section, the thesis elaborates upon the application of values into spaces. *What makes a space Filipino? How are values embedded into spaces?*

It all begins within oneself; the diwa (personhood) that is present internally. This is directly correlated with one's spirit and can influence his view about himself, relationships, and the universe (Ozaeta, 2005, pg. 87). Filipino spatialisation is *"non-compartmentalised and holistic"* (Ozaeta, 2005, pg. 87). This is heavily reflected in the bahay kubo as it encapsulates its activities in a single dwelling unit rather than being separated by walls and barriers. Layers of activities such as sleeping, eating and cooking happen in one area. It reflects the *oneness* that is present in Filipinos' personhood. Furthermore, one-room spatialisation also captures the essence of holism – *"space which is one in physicality but varied in its use"* (Ozaeta, 2005, pg. 88).

The Filipino spirit is often expressed through their connection with one another – kapwa. This is also manifested through the relationship between dwellings. Sharing and social exchange are captured by traditional architecture due to the lack of partitions and the openness of the huts. Thus, *"sharing of spaces becomes and expression of oneness"* (Ozaeta, 2005, pg. 29). The notion of openness and sharing of space becomes a reflection of what is being realised internally. This can be seen in bahay na bato (stone house) as well. Although this developed residential dwelling became prevalent during the Spanish colonisation period, the Filipino core still shows through. Despite being built using more contemporary materials such as stone and introduction of divisions such as rooms and walls are established, these partitions are still transparent. Movement and flow are still visible throughout the spaces – it does not fully separate the occupants and activities from one another. As further explained by Rodrigo Perez, *"space(s) in the bahay na bato is not enclosed or contained"* (Ozaeta, 2005, pg. 5). As Filipinos are known to have strong familial ties, spaces are utilised in various ways in order to cater and accommodate for the entire family's needs.

There are no need for closed-off partitions or full walls as the family often do activities together as a unit. Emilio Ozaeta summarises it best *"the spirit of the Filipino may not be extinguished even in the face of poverty or foreign intervention but rather, that it may change and evolve into different expressions of the same spirit"* (Ozaeta, 2005 pg. 91). The true essence of Filipino space making will always be present and is built from within. The simplification of spaces and built environments highlights the rich interaction between people, communities and values.

The Filipino spirit is expressed through the concept of *kapwa* – interconnectedness and the shared experience of individuals (family members and/or guests). This is manifested through the design of the dwellings where it features open/unpartitioned spaces that allows for sharing and social exchanges. It preserves the core values of unity and togetherness. In essence, Filipino space(s) is a reflection of the rich interaction between values, people and communities. It is a testament to the enduring spirit of Filipinos; characterised by the inherent connections and the belief that space is not limited to a physical place, but is also an expression of interconnectedness that defines the Filipino people and culture.

1.4 UNDERLYING CULTURAL VALUES IN ARCHITECTURE

In Māori, Samoan, and Filipino culture, the built environment and traditional architecture is not limited to the meaning of 'dwelling' or space to inhabit; it also encases deep narratives relating to family, relationships, community, genealogy, and cultural identity. This investigation enables this research to be additionally informed by Māori and Samoan values and worldviews and ways of how they are able to use these as tools for space-making and architectural thinking.
This section will specifically focus on the exploration of deeper metaphorical and cultural meanings embedded in space-making and architecture. Further exploration of forms and architectural structures will be examined in section 1.5.

Filipino Bahay Kubo
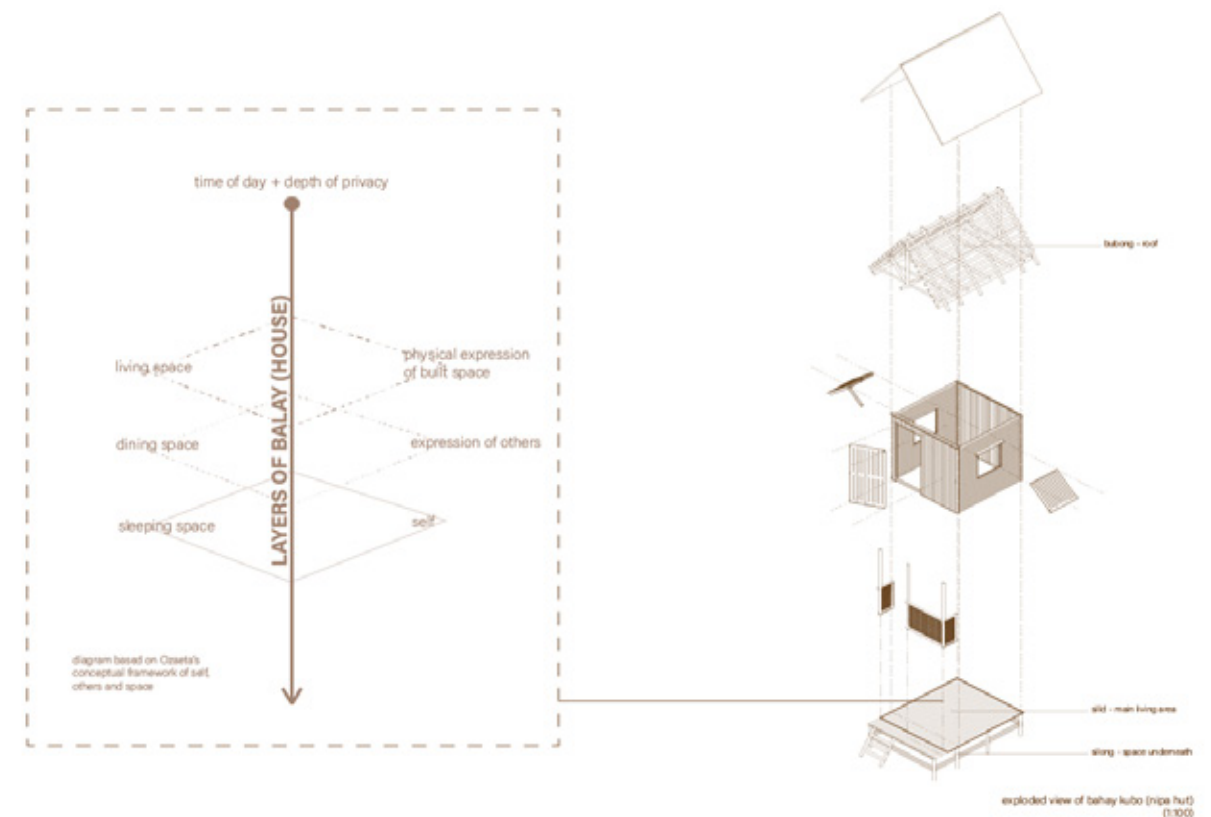
Figure 3: Diagram based on Emilio Ozaeta's conceptual framework of self, others and space - directly relating it in the context of the bahay kubo

A visual reflection is created in order to gain further sense of how values can be translated and how it correlates to Filipino architecture – specifically, bahay kubo. As activities are layered within one single space, Figure 3 tries to interpret these activities in conjunction with the values that both Enriquez and Ozaeta unpacked in the previous chapter.

In essence, in the Filipino context, private spaces are analogous to a sanctuary; it represents the most intimate activities and personal reflection. Self is translated and visualised as a space where individuals retreat and rest. On the other hand, shared spaces, serve as communal hubs where interactions with others are displayed. This (space) then becomes a physical expression of community, unity and togetherness.

Whare Whakairo

In Māori culture, the wharenui is more than a simple meeting house; it is not simply a container for activities or a building[8] but rather, is a direct reflection of history and symbol of the world based on Māori worldview (Te Ahukaramū Charles Royal, 2007; Te Ao Māori News, 2016; Te Ari Pendergast, 2012, pg.10). Ornate carvings tell stories of origin – tales of people, ancestors, histories and genealogies (Te Ari Pendergast, 2012, pg. 9). It is account of collective memories that contributes to Māori cultural identity.

Traditionally, the wharenui is viewed as a metaphor for the world (Te Ahukaramū Charles Royal, 2007). It is a sacred place as it is considered as the domain of Rongo, the god of peace[9]. Different areas of the wharenui represents different metaphorical meanings. The floor is representative of Papatūānuku (Mother Earth) while the roof signifies her husband, Ranginui (Sky Father). Te Ao Mārama and Te Pō symbolises the world of light and night respectively.
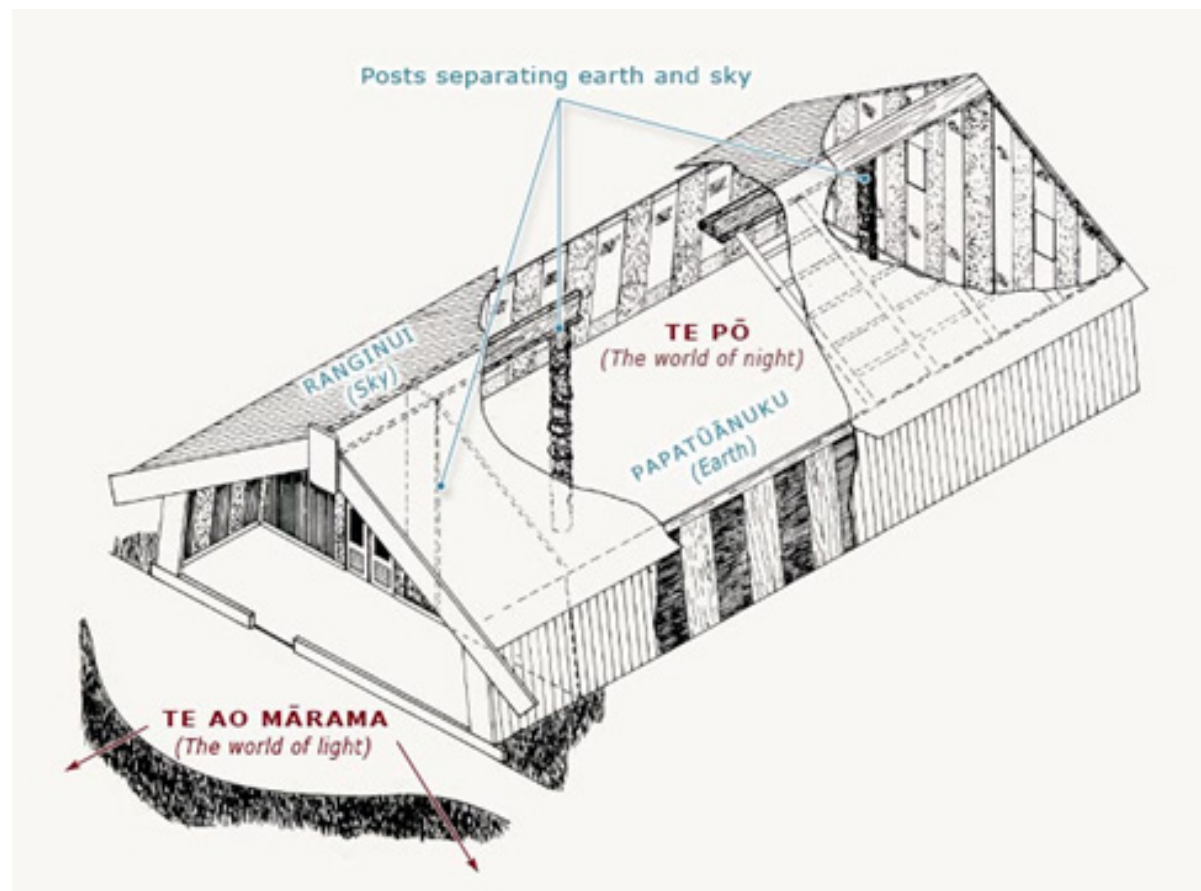
Figure 4: Illustrated diagram of the whare whakairo by Tane-nui-a-Rangi. Auckland: University of Auckland. (1988)

Samoan Fale Tele and Fale Afolau

In Samoan culture, there are two traditional types of structures: fale tele and the fale afolau (Van der Ryn, 2007, pg. 4). Social structure and cosmologies influence the structure of the fale (Taylor, 1999). Typically, the fale tele is usually the largest structure in the village and always featured open plan (Taylor, 1999, pg. 9). The fale afolau on the other hand, is primarily used to accommodate guests and is often used as a sleep house. What is interesting about the Samoan fale and their use is that it often revolves around rankings (social structure) and interaction of people. The built fale structures reinforce "socially important values, goals and acceptable behaviours" (Taylor, 1999, pg. 39). One of the vital elements in Samoan culture is the value of aiga (family)[10]. The building itself are utilised to host guests and foster relationships between people and the built environment.
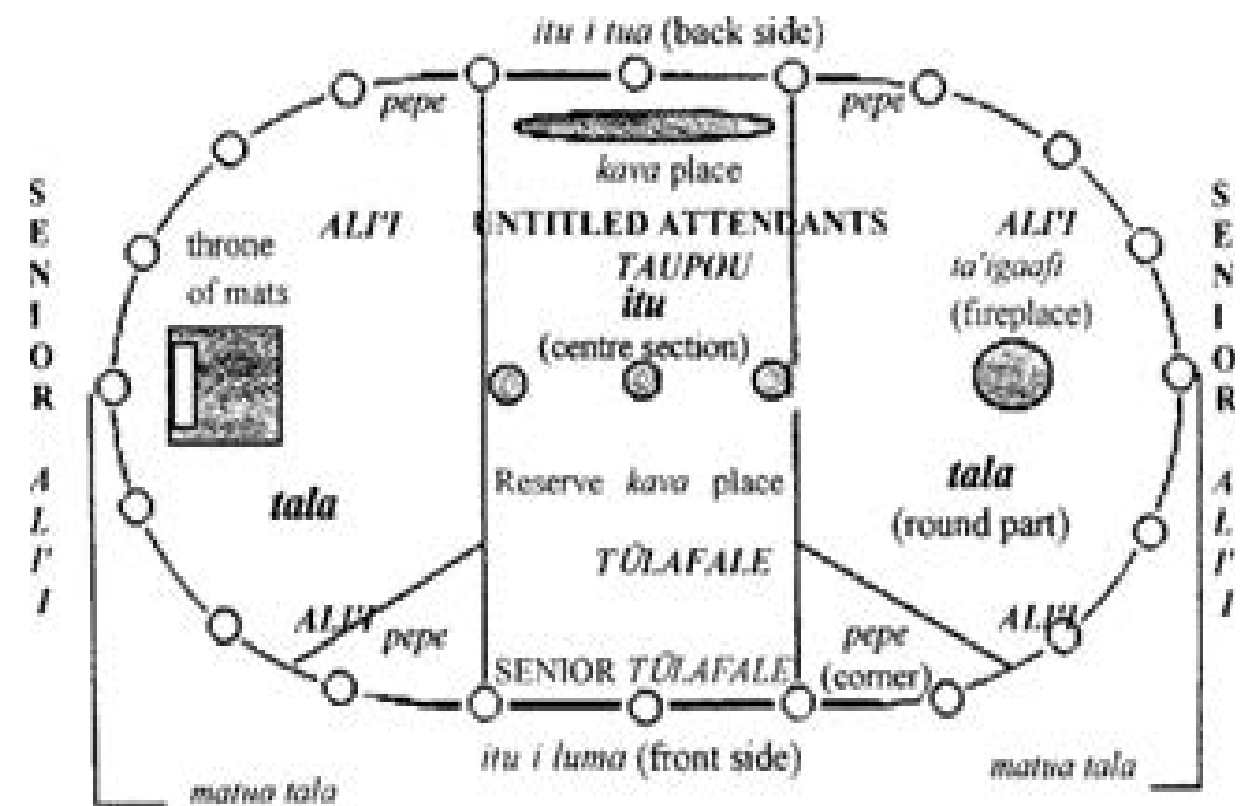
Figure 5: Idealised plan and distribution of space in the Fono (Kramer, 1995, pg. 278, Fig. 25; Shore, 1982, pg. 80, Fig. 5.1)

1.5 ARCHETYPE STUDY

In order to begin formulating a response to the research question, this section analyses the structural aspect and will point out any parallels to other vernacular archetypes. This analysis seeks to investigate how cultural values are transferred and/or translated into built environments. This section will also focus on the specific aspects of Māori, Samoan and Filipino architecture.

The bahay kubo (nipa hut) is the utmost representation of the Filipino vernacular architecture. It is a house typology found in both the highlands and lowlands of the Philippines (Ogura, Yap & Tanoue, 2002, pg. 234; Mendez, 2020, pg. 104). The entire structure is essentially a raised hut (Ogura, 2002, pg. 234). Typically, the main interior area is one-room dwelling; however, the amount of rooms and size of the hut may vary depending on the needs of the family. The hut is made from local materials such as bamboo, wood, nipa[11], and grass (Ogura, Yap & Tanoue, 2002, pg. 235). Originally, the purpose of the space underneath (silong) is to create a buffer area for rising flood waters and prevents smaller animals (rats and pets) from getting into the main living area. This section of the house can be used as a storage and often times, this area is used to keep farm animals. The use of bamboo and wood on the floor, windows and ceiling enables natural ventilation. The steeply pitched roof of the hut also gives a natural cooling effect as it allows warm air to rise especially because the Philippines is known to be hot and humid. Furthermore, the simplicity and lightweight structure enables a group of people to move the hut into a different location if needed be. This unique characteristic of the bahay kubo allows the hut to become mobile and adaptable.
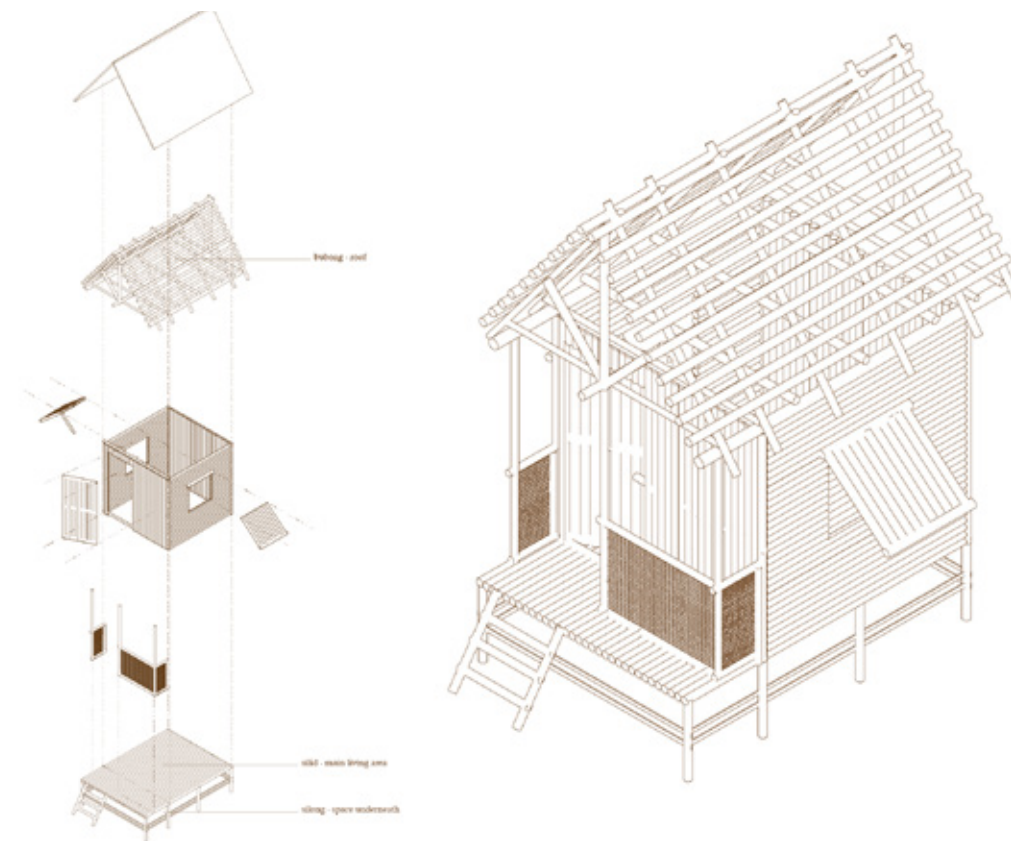
Figure 7: Exploded Drawing of bahay kubo

Figure 8: Image of a bahay kubo in the Mindanao region, Zamboanga Sibugay province. Taken by family member (2022).

[11] A tropical palm tree with feathery leaves used for thatching, weaving etc. (Cambridge Dictionary)

CHAPTER II: HEALTH MODELS

As established in the previous chapter, Māori and Pacific people share some similarities in terms of culture, values and beliefs. As this design research the possibility exuding manaakitanga (hospitality) for healthcare workers, it is only appropriate to investigate existing health models that New Zealand and Polynesian healthcare system uses. In the previous chapters, the thesis unpacks the relationship between values and architecture, as well as the interactions between different cultures. The Philippines' health system does not have an official holistic health model; instead, spiritual beliefs, values and morals drive the Filipinos holistic approach to provision of care.

2.1 MĀORI MODEL OF CARE

As this thesis examines the concept of care and manaakitanga, it is only appropriate to further analyse and understand Māori and Pacific interpretations of these concepts to further inform my holistic design thinking. The Māori model of care, Te Whare Tapa Wha, was developed by Māori health advocate, Sir Mason Durie (Rochford, 2004, p. 47). This concept of Te Whare Tapa wha is a holistic model of health. It uses four cornerstones with the four domains being: taha tinana (physical), taha whanau (social), taha hinengaro (emotional), and taha wairua (spiritual). This model reflects a "unified view of the universe" which is elemental to Māori worldviews (Rochford, 2004, p.49). Furthermore, Mason Durie (2003) has argued that Western European approaches are less likely to address relationship between individuals, collectives, the environment and the spiritual world (Huriwai, McLachlan & Wirihana, 2017, pg. 46). The Te Whare Tapa Wha model provides a rich context for developing shared values that aligns with health and well-being.

Figure 9: Te Whare Tapa Wha model developed by Sir Mason Durie in the 1980s. Image retrieved from teakawhaiora.nz

2.2 PACIFIC MODEL OF HEALTH

This Pacific model of health is explored to further study holistic thinking in healthcare as well as to analyse the overlaps between Filipino and Pacific cultures. The Fonofale model of health is a Pacific health model created by Fuimaono Karl Pulotu-Endemann to use in the context of New Zealand (Pulotu-Endemann, 2009, p. 1). Dating all the way back in 1984, Fuimaono Karl developed a health model that incorporates the values and beliefs of Pasifika people. These included "Samoans, Cook Islanders, Tongans, Niueans, Tokelauns and Fijians" during the early 70s to mid-90s (Pulotu-Endemann, 2001, p. 2). The concept of the Fonofale is metaphorically incorporated onto the Samoan fale (house) which is incredibly symbolic for the Pacific people as it is representative of their culture. Similar to Māori model of care, the Fonofale model encapsulates holism and the essence of continuity. It is a model that reflects an "interactive relationship" with each and everyone (Pulotu-Endemann, 2001, p. 3).

Each aspect of the fale represents a significant part of Pasifika people and their values (see Figure 11) The foundation or floor of the fale signifies the family which is known to be the foundation of every Pacific Island culture (Pulotu-Endemann, 2001, p.4). The roof represents cultural values which shelters or captures the family without end. Tradition and culture is highly valued by Pasifika people; it is what shapes their identity and beliefs. The four pou (pillars) symbolises spiritual, physical, mental and other dimensions of health. There is also a circle that surrounds the Fonofale which can directly or indirectly influence one another – these are environment, time and context.
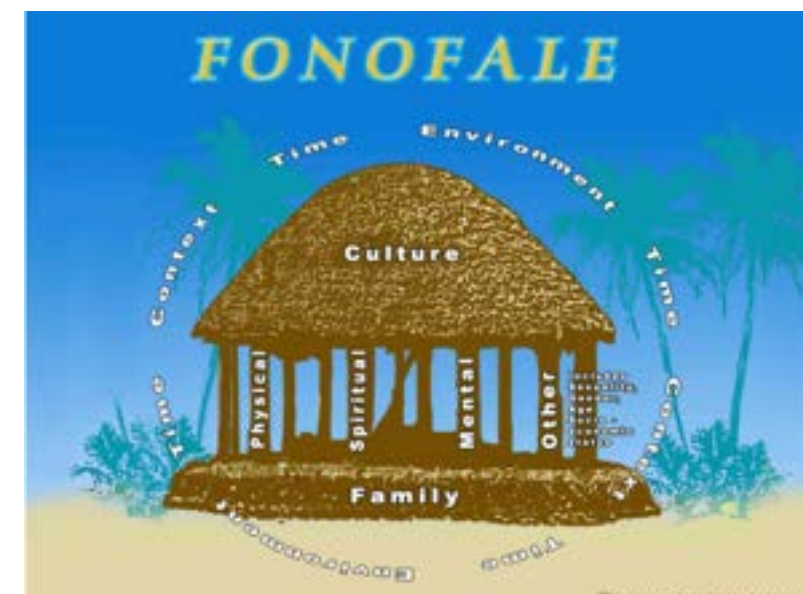
Figure 10: Original Fonofale Model developed by Fuimaono Karl Pulotu-Endemann

2.3 FILIPINO MODEL OF CARE?

The Philippine healthcare system does not have an overarching conceptual framework that informs health and provision of care - it is composed by a private and public sector (Mayrit et al., 2018, pg. 22). Due to colonial disruption of indigenous value system, the Philippines developed detached healthcare frameworks that do not reflect Filipinos and their caring nature. The Philippines' religion, government, economic structure, and education have been greatly influenced by Spanish and American cultures (Imamura, Miyagi & Saito, 2010, pg. 21). The imposition of laws by Spanish colonial government over land ownership has caused the initial distinction between individuals and communities, ultimately creating a fragmented nation (Him, 2021).

Filipinos are globally known in the field of care service - nurses, caregivers and doctors (Imamura, Miyagi & Saito, 2010, pg. 17). According to a study conducted by Gil Soriano, Febes Aranas and Rebecca Tejada from San Beda University College of Nursing, "most nurses are not familiar with this model of caring and only considers the corporeal needs of the patient" (Aranas et al., 2019, pg. 99). However, the concept and delivery of care is an essential component in the practice of nursing and healthcare provision (Aranas et al., 2019, pg. 99). Similar to Māori and Pacific cultures, holistic care approach recognises a person's whole being and acknowledges the "interdependence between biological, social, psychological, and spiritual aspects" (Zamanzadeh et al., 2015).

Figure 11: Illustrated Diagram combining Māori and Pacific model of care and Filipino values by author

CHAPTER III: HEALTHCARE IN AOTEAROA

3.1 RONGŌA MĀORI

Prior to colonisation in Aotearoa, Rongoā Māori was the main traditional means of healing using plant-based remedies. Today this is a significant aspect of Māori healthcare despite the simultaneous use of western medicine as it is the means of passing on culture and tradition. Māori people and their perspectives on healing and treating illness are "highly spiritual" (Yu, 2022) and holistic - completely relative to the te ao Māori worldviews. Rongoā Māori is deeply intertwined with religion, the supernatural and a person's overall well-being. In the modern socio-cultural context, reflection of European imperialism has become highly evident in Aotearoa and how we deliver medicine and healthcare (Voyce, 1989). As European settlers came to Aotearoa, they also brought new diseases with them; thus, changing the environment and the "disease ecology" of the country (BPAC NZ, 2008). Because of this, mortality rates among Māori have significantly increased and led to population decline up until the early 1900s (BPAC NZ, 2008). European doctors have been critical about tohunga, referring to the practice as "seemingly eclectic and essentially debased." (Voyce, 1989) As infectious diseases continued to develop, traditional means of healing were seen as inappropriate to apply to new situations.

Following Te Tiriti o Waitangi (Treaty of Waitangi)[12], the introduction of western medical services for Māori was unsystematic and highly unplanned - with most of the responsibility falling into missionary bodies (Dow, 1999). Despite the Māori translation of the treaty being historically inconsistent, it is still used by Māori people to advocate for their rights. The Te Tiriti states that the Crown is responsible to actively protect Māori hauora and well-being through health provisions (RANZCP, 2022).

3.2 TOHUNGA SUPPRESSION ACT 1907

With advancements of western practices and establishment of the first four hospitals across New Zealand in the 1800s, there were disparities when it came to the delivery of healthcare for Māori especially in remote areas. Due to the lack of facilities and inadequate number of doctors, it resulted in rapid Māori population decline.

The Tohunga Suppression Act 1907 is a legislation passed that prevented the use of Māori traditional healing methods and encouraged the use of western medical practices. Traditional methods were believed to have a 'supernatural or spiritual element' (Poverty Bay Herald, 1912). There were several reasons as to why the Act was passed; the main one were the concerns and fears surrounding Rua Kenana who was a prophet, faith healer and land activist (Re: NEWS, 2021). He emerged as a 'charismatic prophet-figure' around 1906 who provided Māori tohunga practices that the legislature wanted to suppress (Stephens, 2000). During the time of Western-centric advancements, tohunga were criticised due to its witchcraft or sorcery-like practices (Voyce, 1989). The passing of the Tohunga Suppression Act was a typical response by the colonial government who perceived the use of traditional and "revitalised tribal religion" as a threat (Voyce, 1989).

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[12] Te Ara. (n.d.). https://teara.govt.nz/en/te-tiriti-o-waitangi-the-treaty-of-waitangi

3.3 AGENDAS + REFORMS

Te Whatu Ora - Health New Zealand
In 2022, our country's healthcare system transitioned to a new system, Te Whatu Ora - whereby the 20 district health boards (DHBs) were merged under one system. The new system aims to bridge the gap between the DHBs and create a unified system that provides healthcare services across the nation, from local, regional and national levels. Originally, the DHBs were established to get better insight in decision-making across communities; however, throughout the years, it became more complicated and inefficient. Within this new reformed system, Te Whatu Ora will work alongside Te Aka Whai Ora (Māori Health Authority) to help improve inequities surrounding delivery of healthcare to Māori - proposing to provide healthcare efficiently and acknowledging the Te Tiriti. However, despite the changes and reformation of the current healthcare system, there are still ongoing major problems surrounding equity, delivery of care and workforce nationwide that needs to be addressed.

HISTORY OF HEALTHCARE IN AOTEAROA NEW ZEALAND

TERRORISM BY TOHUNGA.
AN "UTTER FRAUD."

TRADITIONAL MĀORI MEDICINE

1840

1841

1847-1851

1860-1879

1880-1889

1901

1907

1938

Influx of immigrants causes increase in hospital demands

Maori land wars ended (1872)

Public Health Act 1876 central health board was established

hospital institution established in Auckland

Department of Public Health was established - takes full responsibility for Maori health

Social Security Act of 1938
A legislation by Labour Goverment that planned to provide free hospital and healthcare to all New Zealanders. However, due to disputes between medical professionals and the government, this was never fully implemented.

Rongoā Māori:
This is traditional Māori healing system that uses native plant-based remedies (rongoā rākau), massage (mirimiri), and spiritual healing through prayer (karakia). Rongoā knowledge was not written down and is known to be passed down verbally through stories and demonstrations.

signing of Te Tiriti ō Waitangi (Treaty of Waitangi) discussions on subsidies for treating Maori

New Zealand First Public Hospitals were set up
1847: Wellington & Auckland
1848: New Plymouth
1851: Whanganui

New Zealand Medical Association was formed (1886)
Dr Graham has been appointed as first inspector for hospitals and asylums (1882)

Tohunga Suppression Act was passed to stop Maori from using traditional healing practices; from which only nine convictions were obtained

1950-1960

1998

2000-2002

2010

2020-2021

2022

2023

Due to increased scientific and technological advancements, healthcare's primary focus has shifted from illness prevention to developing cures for diseases.

Health insurance was also introduced during this time which covered GP visits - bridging the gap between upper, middle class and disadvantaged.

Health Funding Authority (HFA) was established which combines 4 RHAs into one national agency. By doing so, the goal was to focus more on community.

Labour-Alliance Government initiated another health system reform. 21 District Health Boards (DHBs) were formed.

To manage primary care delivery, Primary Health Organisations (PHOs) were developed which includes General Practitioners (GPs).

In 2010, Whanau Ora was launched. It provides services and opportunities for families across New Zealand through an inclusive approach. It aims to empower families as a whole rather than focusing on individual problems.

In February 2020, New Zealand's first case of Covid-19 has been confirmed

In March 2020, New Zealand Prime Minister (Jacinda Ardern) declares State of National Emergency and the entire country is on the state of lockdown.

February 2021 - first rollout of Pfizer vaccines

August 2021 - Covid-19 Delta variant case was recorded in New Zealand.

December 2021 - Covid-19 Omicron variant was recorded in New Zealand.

New Zealand has moved into a new national health system - aiming to reduce pressures on specialists and hospital care. Te Whatu Ora - Health New Zealand and Maori Health Authority are established. Te Whatu Ora will coordinate health services across all of New Zealand - from local to national while Maori Health Authority (alongside Te Whatu Ora - Health New Zealand) will work together to help support the needs of Maori better.

New Zealand is currently struggling to keep up with healthcare demands. Investments in hospitals and workforce are insufficient despite pay equity settlements. Hospitals and private health practices are also losing staff as most are moving to other countries for better pay and work benefits.

New Zealand is also heavily reliant on migrant workers and overseas trained health professionals.
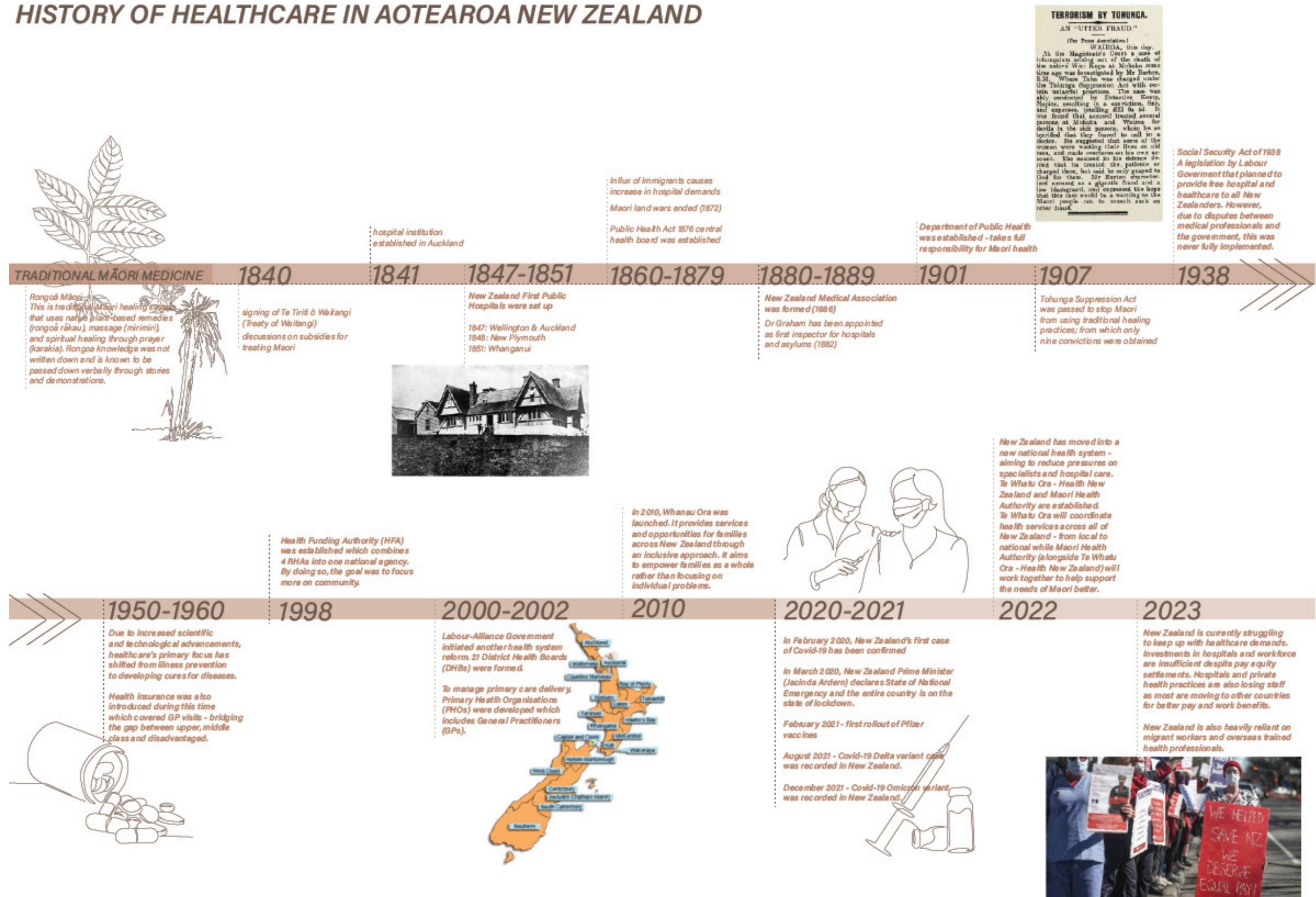
Figure 13: brief timeline of healthcare in Aotearoa

3.4 CURRENT CONTROVERSIES + PROBLEMS IN THE HEALTHCARE SECTOR

Equity

As previously mentioned, one of the main focus of Te Whatu Ora and Te Aka Whai Ora is equity; however, in recent news, there has been a huge debate regarding ethnicity being a factor in the new medical waitlist tool. The problem with this model is that patients are sorted by 5 variables: length of time on the waitlist, urgency of need, affordability, location and ethnicity - the latter being the most problematic one as it promotes racial discrimination (Newstalk ZB, 2023). There is clear evidence that Māori, Pacific, rural and low-income communities are disadvantaged over the mechanism that has been used to assess clinical priorities (Jones, 2023). Furthermore, a report from the Ministry of Health clearly states that Māori have "far less positive experiences than any other ethnicity" (MoH, 2018, pg. 18) which raises question about racism in the healthcare sector. To help improve this inequality, we must refer back to Te Tiriti o Waitangi as it explicitly states how healthcare should properly be administered and engage with Māori, as Treaty Partners (Came et al, 2016).

Pay Gap within the Workforce

Nurses and kaiāwhina[13] all over New Zealand have been experiencing pay disparities and are earning less compared to other healthcare professionals working in Te Whatu Ora hospitals and other health settings[14]. In November 2022, additional funding was announced by the government in order to reduce the pay gaps in the workforce. However, this pay deal is still subject to eligibility – additional funding is only available for nurses or kaiāwhina who are working under the healthcare providers contracted by the Government[15]. Although this strategy helps nurses and kaiāwhina under the Te Whatu Ora hospitals, there are concerns from private clinics and primary care nurses. According to primary care nurse and NZNO delegate, Denise Moore, "even with the pay bump, general practice nurses were a least 5 percent behind their hospital colleagues – and that gap just widened" (RNZ, 2023). Because of this, nurses are leaving general practice clinics and moving back to Te Whatu Ora hospitals or to Australia (RNZ, 2023)/ A survey by NZNO shows that about one third of nurses working the general practice clinics are paid between 22-27% less than Te Whatu Ora nurses (NZNO, n.d.). Furthermore, nurses leaving has created a significant problem in terms of the availability of healthcare services. This has also added pressure on hospitals as more patients opt to go to emergency services as their only option of care as opposed to going to their local GP and healthcare providers (NZNO, n.d.) . Pay gap and disparities are something that the Government must address immediately to prevent further shortages and increased pressure in the healthcare sector.

[13] Non-regulated workers in the health and disability sector (www.hqsc.govt.nz)
[14-15] Te Whatu Ora – tewhatuora.govt.nz

Staff Shortage

We are currently experiencing healthcare staff shortage globally. According to the World Health Organization (WHO), about 10 million health workers are needed by 2030 (WHO, n.d.). Here in New Zealand, we are in constant battle with other countries (Australia, Canada, UK) as they provide workers with better pay and benefits. Most countries in varying levels of economic development, are having difficulties in the education, employment, retention and performance within the workforce. With nursing and midwifery registrations easily transferrable to Australia, New Zealand nurses are opting for better pay and working conditions overseas.

As of August 2023, about 5000 New Zealand nurses have registered to work in Australia (RNZ, 2023). With Australia offering larger compensation and better working conditions, a lot of nurses have chosen to move. On the other hand, only a meagre 3% of Australian nurses have registered to work in New Zealand – the motivation and incentives for foreign healthcare workers to come and work in New Zealand are not great. Furthermore, current staff have been exacerbated by the hit of the Covid-19 pandemic (NZMJ, 2023); a factor that contributed to increased stress levels in the workforce. Continuous shortages add immense pressure to current staff, causing burnouts, exhaustion and frustrations. NZNO revealed that the nursing sector desperately needs at least 4000 nurses, and that the government needs to address and acknowledge the crisis (NZNO, n.d., NZHerald, 2022). Currently, the healthcare sector requires further strategies that could help entice foreign/ migrant workers to come and work in New Zealand. Furthermore, the government needs to recognise the dissatisfaction and struggles that the healthcare workforce is currently facing.

headline of concerns for nursing workforce in Aotearoa
(from New Zealand Nurses Organisation report[1] + Workforce Crisis Survey 2022)[2]

ongoing pay inequities for Maori nurses working within Maori provider organisations

not all graduates have access to nurse-entry-to-practice programme

high dependance on internationally qualified nurses

lack of nursing input in decision-making[3]

absence of Maori nursing strategic plan

clinical risk arising from having high clinical load and insufficient time

50% of the nursing workforce will **retire** by 2035

serious underfunding for postgraduate nursing education

over-reliant on short-term, high-turnover immigration to fill shortages

nurses **do not feel safe** coming into work
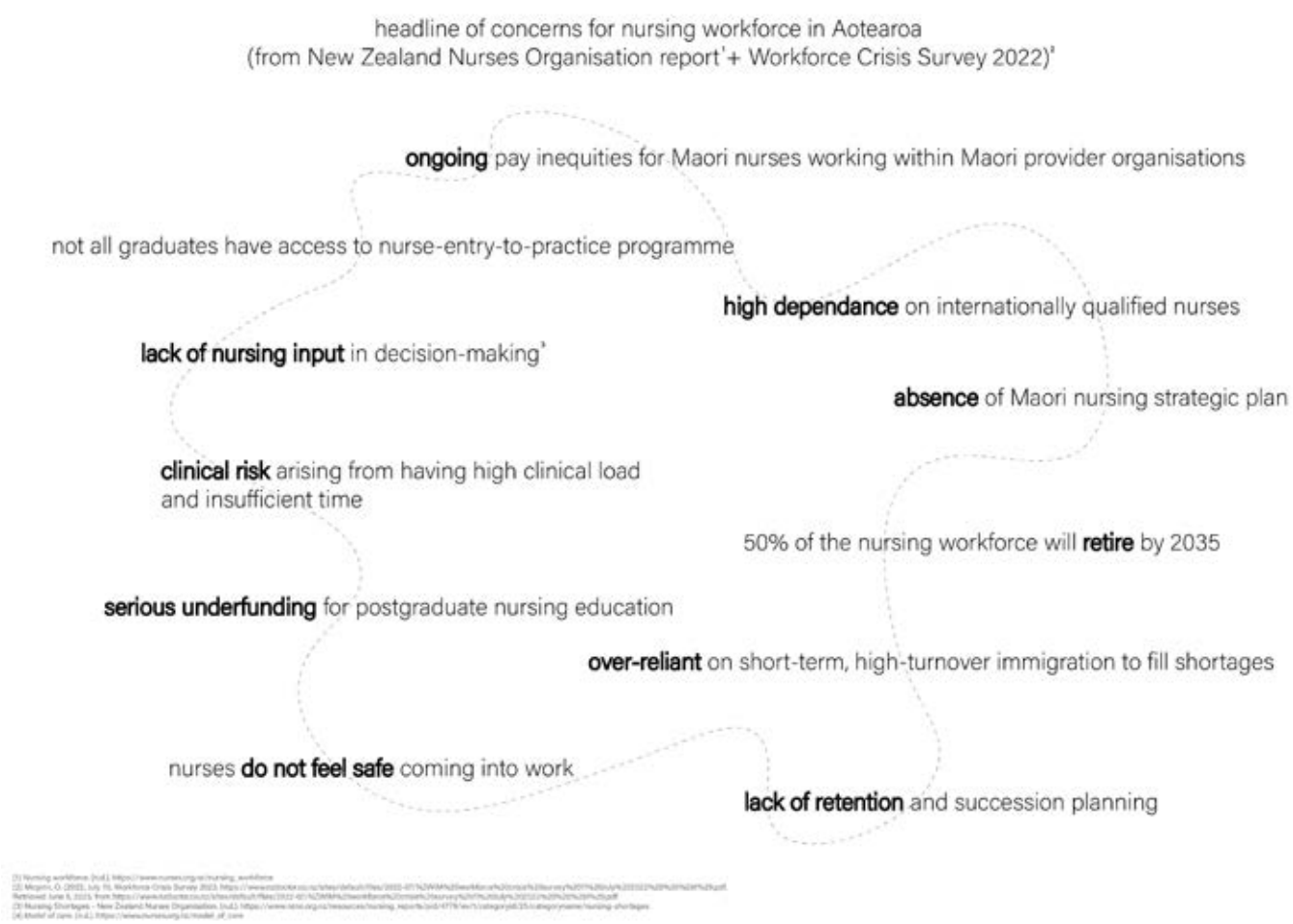
lack of retention and succession planning

Figure 13: Example of Concerns from staff across Aotearoa from NZNO + Workforce Crisis Survey 2022

3.5 FUTURE OF HEALTHCARE AND ITS IMPLICATIONS TO ARCHITECTURE

The aforementioned issues surrounding equity, pay gap and workforce shortage are not even half of the list of concerns that the government and current healthcare system is facing. In the context of Auckland and its hospitals, the main challenges are related to staff and wider application of determinants of health (Sharma, 2019, pg. 38). Te Whatu Ora needs to address the ever-growing list of concerns by staff; specifically surrounding pay discrepancies, housing and transport (further explained in chapter 6).

With constant development in various aspects of healthcare, architecture is barely able to accommodate for the ever-increasing demands of the medical sector. Therefore, in order for architecture to be able to cope with these changes, spaces must be flexible and resilient to the rapid changes in medicine.

CHAPTER IV: GREENLANE CLINICAL SERVICES CENTRE

This thesis investigates the Greenlane Clinical Services Centre (GCSC), an outpatient healthcare facility in Tāmaki Makaurau, Auckland. Using a speculative lens, the research positions the project between the bogged-down realist and the ideal utopian world; between pragmatic thinking of the healthcare system and the conceptual theoretical framing of academia. We can then propose a speculative project sited at the Greenlane Clinical Centre.

4.1 BRIEF SITE HISTORY

Before the development of the Greenlane Clinical Service Centre, it is important to respectfully acknowledge the whenua and the maunga. The GCSC is located on the slopes of the tupuna Maungakiekie. Maungakiekie is located at the core of the Auckland isthmus, in close proximity to east of Waitemata Harbour and west of the Manukau Harbour. It is recognised as one of Auckland's oldest and largest volcanoes in the field (Tupunga Maunga Authority, n.d.).

Maungakiekie was home to thousands of people and was once a pā (fortified village) The summit is considered to be sacred and therefore was highly fortified (Tupunga Maunga Authority, n.d.). With Maungakiekie's rich and fertile soil, it was used for gardens to grow crops. As the city of Auckland evolved, Governor Grey appointed Maungakiekie as 'Crown-owned Land'[14] (Cornwall Park Timeline, n.d.). It was also renamed to One Tree Hill, as a sacred lone tōtara tree grew on its summit.

Sir John Logan Campbell[15], known as the 'Father of Auckland', purchased Cornwall Park (previously known as Mt Prospect Estate) in 1853[16]. During the Duke and Duchess of Cornwall's royal tour in New Zealand (1901), Sir John Logan Campbell (now Auckland's mayor) gifted the deeds of Cornwall park as a gift to the city and its people (Te Ara, n.d.). The scheme and future planning of the domain was appointed to Austin Strong, a landscape architect from California. The broad views of the maunga have been the guiding principle in the planning and design of the park. Preservation of natural aspects of the park was of importance to the trustees (San Francisco Call, 1902, p. 7).

Through the years, there were plenty of additional recreational activities at Cornwall Park including an archery club and golf course. Stardome Observatory (1967), Huia Lodge Discovery Hub (2019)[17], and cafe were added to add leisure and activity to the park.

[14] Crown estate means land held for Treaty settlements. Source: linz.govt.nz
[15] Along with his business partner, William Brown. (Cornwallpark.co.nz)
[16-17] Cornwallpark.co.nz

Figure 14: The Avenue, Cornwall Park: the donor, Sir J. Logan Campbell, in foreground. From Te Ara, n.d. ((https://teara.govt.nz/en/photograph/16195/cornwall-park)
Figure 15: Aerial photograph of Greenlane Hospital, Auckland. Taken by Whites Aviation. (January 1965). Retrieved from National Library of New Zealand.

4.2 CURRENT STATE

Upon visiting the Greenlane Clinical Services Centre (GCSC) site, there is an obvious lack of care and sense of welcome. As a place that offers care and support for peoples' well-being, it doesn't reflect these in terms of its built environment and infrastructure. Navigating around the campus felt like a mission and its spatial circulation is confusing especially for first time visitors/ patients. There was an overwhelming number of activities happening all at once – from patient appointments to workings moving rubbish bins through the main corridors. The lack of attention to the spatial flow and navigation shows that there is little to no consideration for various types of people using the space such as visually impaired and older individuals. The Greenlane centre had a wide variety of problems however, these were the ones we found that were evident based from our visit: car parking, confusing navigation and its unused heritage buildings.

Figure 16: Current site map of Greenlane Clinical Centre

Car Parking

One of the evident problems in the site is the car parking. Sea of cars greet patients, visitors and staff upon arrival. Services such as acute, outpatient and day stay surgery services have moved to Greenlane centre from Auckland hospital which causes an increase demand for parking spaces as well as congestion along Green Lane West. Staff from Auckland hospital was advised to park in Greenlane centre and catch the shuttle which causes limited parking for the GCSC staff working later in the day. Despite the amount of parking available on the site, there seems to still be inadequate for the current and future demands. The former ADHB plans on introducing more car parking spaces for the GCSC site and potentially an underground parking option[18]. Cost of parking per visit is also another issue faced by patients and visitors; with some paying over hundreds of dollars per week from car parking fares alone[19]. Patients, visitors and staff experience stress and anxiety due to this issue (see Figure 18).

Figure 17: No parking boulder by demolished Building 10 at GCSC
Figure 18: Greenlane Hospital Patient Parking by Costley Home

[18] Sharma, K. (2019). Hospes: A Curatorial Approach to complexity in the city. Architectural Thesis., University of Auckland. and ADHB CEO Blog
[19] RNZ, Thousands sign petition calling for end to hospital parking. 2017

"I feel anxious even before I start my shift..."

"It's embarrassing that patients have to stress about parking and paying, it's not right and very unethical. It's difficult enough for patients who are sick or visiting sick relatives and then they have to fight for a parking space"

"At Greenlane we have the dreaded parking issue..."

"I am increasingly frustrated with the car parking.."

"The parking at GLCC is worse by the day. It seems more and more people are being told to park here and catch the shuttle - which is unfair

"To get an 8 hour car park you need to be at work by 6:20am, 40 mins before start of shift. This is very difficult on days when the car parking is building completely full and you cannot get a park to even get to work"

Figure 19: Quotes from staff regarding parking space issue at Greenlane centre. Source: ADHB CEO blog

Access and Navigation

One of the first issues we have identified during the Greenlane site visit was the inaccessibility of the site and its confusing layout. Staff, visitors and patients can access the site primarily by car. Due to the lack of porosity throughout the site, it appears closed off and isolated to its surrounding neighbourhood. The main point of access for the hospital is from Greenlane West, which is a busy arterial road. The secondary entrance is along Claude Road, located in the southern part of the site. Patients are often dropped off along this area as it is less busy; however, patients and/or visitors must then make their way to the main building. Lack of signage and varying slopes around the site make it hard to navigate through. On the contrary, in certain areas that do have signs, it is extremely confusing and overwhelming especially for patients visiting for the very first time - creating an incredibly stressful experience for patients and/or visitors.

The Greenlane Clinical Centre site faces a substantial amount of challenges that revolve around ease of access, navigation, sea of cars and the overall user experience. Addressing these issues is crucial especially when aiming to create a welcoming and efficient environment for patients, visitors, staff and their whanau – aligning the physical environment and its mission to provide care and support for well-being.

Figure 20: Image of overwhelming amount of signages located in one of the patient parking lots
Figure 21: Image of confusing signage near the accommodation building

CHAPTER V: PRECEDENT STUDY

In order to understand housing and its varying forms, it is important to investigate its different contexts and applications through precedent study. By analysing these precedents, it is a useful tool to compare and test if it will be suitable for this thesis' design proposition. The aim for this chapter is to understand what strategies worked for these projects and to see if there are areas that could push housing innovation especially as this thesis closely looks at cultural values. This section is divided into two parts: accommodation and cultural precedent study. It is important to not be constrained within a certain style or typology; therefore, broadening this precedent study will allow for an unbiased thinking and understanding of the design approach. It is a great opportunity to observe patterns, similarities and/or differences in each one of the precedents.

5.1 ACCOMMODATION PRECEDENT STUDY

26AROHA

26Aroha, by Jasmax and owners Blair and Jules Mackinnon, is a prime example of a build-to-rent model that offers sustainable and ethical housing options. With increasing housing costs, Auckland has become one of the world's most expensive cities to live in[20]. Built in 2020 and located in Mount Albert, in the heart of Auckland CBD, this is an important precedent as it anticipates future changes that may occur in the New Zealand rental market[21]. This is a medium density development that features high quality sustainable design and provides security for residents and offers long term rental alternatives.

This multi-unit housing model offers thirteen apartments in varying sizes. It houses thirty people (ranging from toddler to 50+ years old)[22] and is a great example of a socially oriented, community driven building. One of the main design intentions of the project was to use more robust materials and features sustainable designs that can help "reduce energy and water use." This building received a 10 Homestar rating from the New Zealand Green Building council and is only the second apartment building in New Zealand to do so[24].

The design is a highly effective, sustainable, innovative apartment complex that uses architecture to allow relationship building and communal living amongst their tenants. This is a compelling example as it signifies that an apartment complex or building can successfully integrate communal and sustainable living. This is an important precedent as it caters for more than just one family dwelling. As this thesis investigates residential and communal ways of living, this precedent highlights certain spaces that can be used as points of interaction between the tenants. Spaces such as the laundry room were strategically placed on the third floor where the rooftop balcony is situated as it allows for people to enjoy the space as a social hub[25]. Amenities such as laundry and entertainment areas were utilised to become a point of interaction between the tenants; establishing links and relationships.

The design of the apartments and spaces within the building were designed so that the tenants can choose whether they would want to participate and be involved if they wish. Although there are various styles of apartment complexes and units all over Auckland, 26Aroha presents a unique and sustainable approach to communal style; something that the design proposal aims to emulate. The architects' approach to organising the shared spaces so that it becomes a strategy for social connections is inspiring.

figure 22: 26Aroha Building. Image retrieved from 26aroha.nz

[20] Bond, J. (2021). Auckland housing crisis: 'Monumental task' for first home buyers as prices continue to rise. Retrieved from https://www.rnz.co.nz/news/national/457597/auckland-housing-crisis-monumental-task-for-first-home-buyers-as-prices-continue-to-rise on August 8, 2023.
[21-23] Jasmax, n.d. 26 Aroha Avenue. Retrieved from https://www.jasmax.com/projects/featured-projects/26-aroha-avenue/ on August 8, 2023.
https://www.nzgbc.org.nz/Story?Action=View&Story_id=750
Jasmax, n.d.
[24-25] Monsalve, n.d. Apartment Living, with a twist. Home Magazine. Retrieved from https://homemagazine.nz/aroha-apartments-sandringham/ on August 8, 2023.

UKOTOIA KĀINGA HOU

The Ukutoia Kāinga Hou is a design concept for Māori whanau housing solution by TOA Architects. The architects' vision is to create new homes designed to accommodate "traditional Māori family structures and reflect Māori values"[26]. The site is situated in the Glen Innes neighbourhood where there is a large number of Māori and Pacific communities in the area. As Glen Innes continues to change over time and with higher density developments in the area, this creates the opportunity to provide housing solutions that would cater for Māori and Pacific families. The design allows for communal and intergenerational living which reflects Māori whanau households. Ukutoia's housing design is heavily informed by holistic Māori cultural values. It is also driven by a traditional narrative that draws upon the history of the site. The Ukutoia concept replaces two state houses with fourteen new builds that offer communal facilities and spaces[27].

The programme of the housing concept allows for public, shared and private spaces. The site layout and design interpretation are carefully considered and also presents traditional ukutoia[28] narrative. There are seven main values that are used as design drivers to provide a holistic and inclusive approach: Mauri tangata, kotahitanga, manaakitanga, whakatipuranga, whanaungatanga, rangatiratanga and Te Taiao[29]. All values correlate and are woven together in order to create an inclusive and accessible concept design.

Inspired by the whare[30], the design features a mix of housing sizes to present affordable housing options for a wide range of demographics. The layout also considers the density of the community alongside the privacy and safety of its residents. The housing complex is sectioned into private, semi-public and public areas to ensure that residents have a balance between shared areas while still providing private spaces. The overall design caters for all ages and abilities - making sure that it is accessible for whanau and their visitors. Pathways around the complex are made to be on the ground level so children and elderly are able to access with ease. Furthermore, with the outdoor areas being car free, tamariki[31] are able to play and roam free. To accompany the play spaces, pockets of green spaces are also available where kai and rongoa sources[32] are available. As the concept design is highly centred towards whanau and familial relationships, the housing concept allows for independent and generational living. It is an excellent example of design thinking whereby cultural values are used as design drivers which can ultimately support and empower Māori and Pacific communities.

TOA's approach for the concept of the design is heavily influenced by traditional Māori family structures and cultural values. By the potential integration of multigenerational living, it could influence the way spaces are utilised and organised. Housing in New Zealand often follow Western ways of designing with separated rooms and partitions. However, traditional architecture seen in bahay kubo, whare and fale, feature open plan. Furthermore, as the design is human and whanau centred, it enables fostering of relationships between families and the community. Spaces revolve around spaces where both individuals and families have casual or formal interactions. Reflecting on this concept design, I admire TOA's family-centred approach as this closely resonates with Filipino culture. This concept design and the design strategy of utilising values creates tighter-knit communities; giving architecture a deeper meaning and purpose.

[27, 29, 32] Auckland Design Manual, Ukutoia Design Concept. Retrieved from https://www.aucklanddesignmanual.co.nz/design-subjects/maori-design/maori-housing/guidance/kainga-hou/ukutoia
[28] The sound of waka being pulled ashore
[30] Māori hut or dwelling
[31] children

UKUTOIA DESIGN CONTEXT

Ukutoia, the sound of waka being pulled ashore, is a traditional Māori name for the Glen Innes area.

A traditional narrative relates that at times fleets of waka were hauled up along the foreshore at the area formed a 'waka exchange' point, with people borrowing canoes for further travel to northern areas.

The Ukutoia concept draws upon the area's history of congregation, cooperation and exchange to inform its design. A group of waka symbolises a collective of units that are both independent but also strongly connected. Together, through cooperation and sharing, they forge forward to realise mutual benefit & wellbeing.

figure 23: (Top) Conceptual Render of Ukutoia Kainga Hou design concept. Image retrieved from Auckland Design Manual. Design concept by TOA Architects
figure 24: (Bottom) Design Context and Spatial Organisation using traditional concepts and narratives. Image retrieved from Auckland Design Manual. Design concept by TOA Architects

5.2 CULTURAL PRECEDENT STUDY

STREETLIGHT TAGPURO

The Study Centre in Tacloban is a comprehensive collaboration between architecture students: Eriksson Furunes, Ivar Tutturen and Trond Hegvold alongside the local community and the non-profit organisation, StreetLight. The motivation of the project was to utilise architecture as a tool to regain a sense of empowerment and resiliency for the locals. This project was a reconstruction of the previous study centre that was unfortunately destroyed by the typhoon and the storm surge that followed. The building is a reflection of *"bayanihan"* which means the *"act of cooperation and collaboration.*[33] *"* This precedent is necessary to investigate traditional and sustainable building practices but also to highlight the essence of Filipino cultural values within the architecture.

Studio Tacloban utilises workshops and collaboration to implement the sense of social support during the time of crisis. The architecture is a commemoration for vernacular way of building materials being sourced locally. The entire building was the expression of the locals and their experiences. The spaces are open and capacious to allow room for movement especially because children are the primary users. The building features typhoon resilient qualities such as *"open voids"* to allow strong breezes to pass through - a feature that was quite common in Filipino vernacular houses.

The building supports social activities and learning spaces. The beautiful thing about this building is the fact that it completely encapsulates the Filipino values of bayanihan and kapwa (personhood and shared identity). It is symbolic of Filipinos' shared values of community and care. As the building hosts design workshops, children were able to be involved in the design process as well. They wrote poems about how they feel about the space and their parents would translate this into a design and create prototypes. Mothers would create the interiors of the building while the fathers were the ones who built it. This study then becomes more than architecture as it also opens opportunities for employment and local businesses.

This precedent study illustrates how architecture can facilitate collaboration amongst locals. The project illustrates how important it is to preserve our cultural values as it can be used as a driver for resilience and growth. Based on the axonometric drawings of the buildings, concepts such as 'openness', 'light', 'close' and 'safe' were highlighted. This dissertation proposal aims to follow a similar concept for creating a unified environment for Filipino immigrants and community as well. The building continues to be the product of pagkakaisa or unity of the locals, creating a place of support and care, and embracing the preservation of cultural values. Ultimately, being able to re-establish our community through our values reflective of what Studio Tacloban has successfully materialised.

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[33] Ladrido, P. (2020b, October 8). ──Shelter from the storm: community structures, Tagpuro, the Philippines, by Eriksson Furunes with Leandro V Locsin Partners - Architectural Review.

HIGH SCHOOL THAZIN

High School Thazin is an *'aid project'*[34] school building that creates connections between existing buildings but also establishes relationships with the surrounding villages and community. Designed by a+r Architects in collaboration with a German non-governmental organisation, Projekt Burma eV, the architects' main purpose is to bridge the gap between the existing elementary school and its facilities as well as creating an opportunity for community events and to *"strengthen the local economy."* Due to the simplicity of the floor plan typology, the building allows for flexibility from learning spaces to village assemblies. The school was also constructed with *"traditional brick noggin structure"* that creates a beautiful threshold between the inside and outside without introducing a closed-off wall.

This precedent is valuable as it presents a simple yet effective way of utilising traditional modes of building to gather people in the space. What is interesting about this precedent is the celebration of local craft that are prevalent throughout the design of the building. It becomes an amalgamation of the cultural practices and unified celebration between people and architecture. The architects' understanding of the culture and community needs enabled the architecture to become a tool for connecting people.

figure 25: Internal 'woven' beams of Streetlight Tagpuro. Eriksson Furunes. 2016
figure 26: Exterior of building showing porous floor plan design. Erikkson Furunes. 2016

[34-36] https://aplusr.de/projekte/high-school-thazin

As my design proposition aims to cater for Filipino migrants, it is important to celebrate and preserve culture to establish familiarity. The precedent presents its strong application of vernacular language into its building that then allows its local community to flourish together. This is relevant because reflecting upon the Filipino diaspora, we are a nation that is torn apart - we are together yet in different parts of the world. What this thesis project aims to do is to regain the lost sense of community for Filipino immigrants and to create a hospitable and united space for them.

Tradition and culture were extremely prevalent throughout the buildings with traditional mats and patterns featured all throughout. The architects' commitment to creating vernacular buildings is admirable as it is something that we do not see as often as we used to. It encompasses the value of self and others within the architecture which is reflective of Filipino culture.
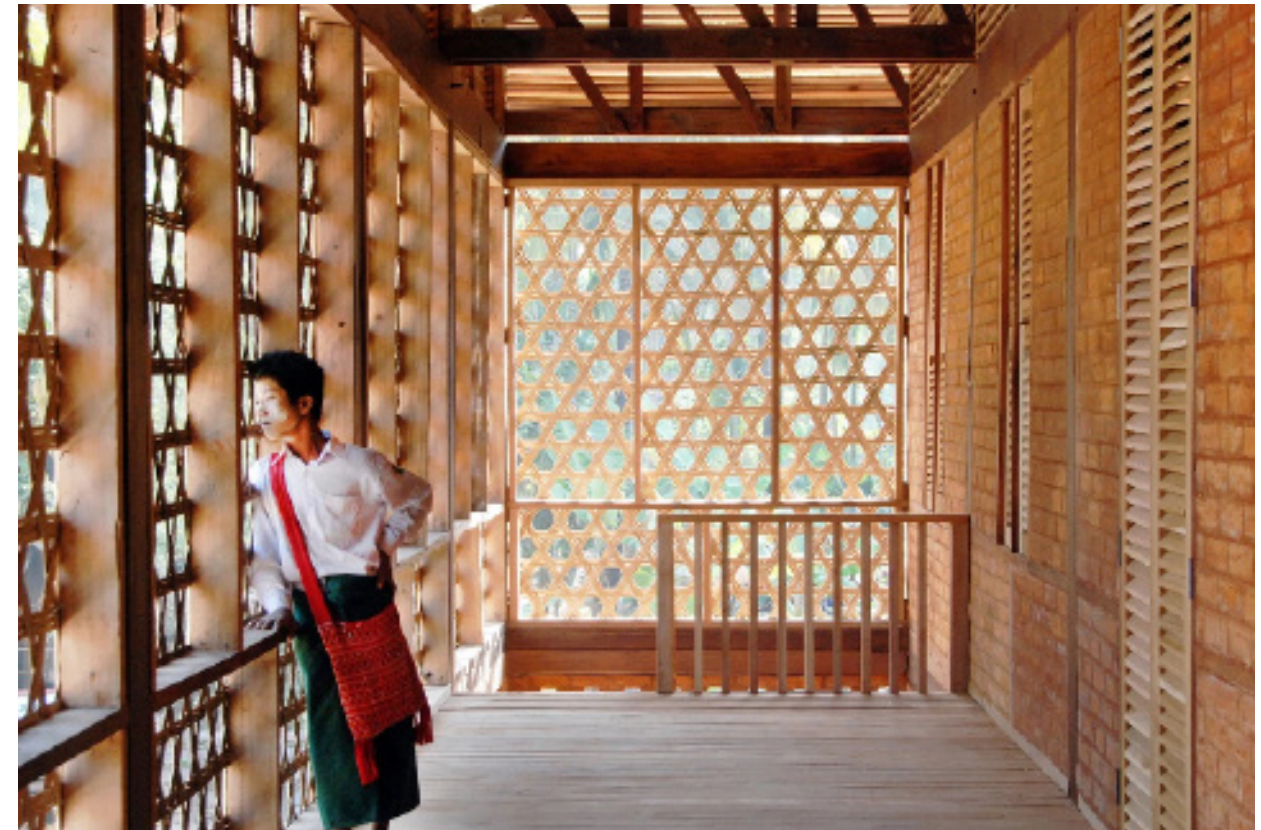

figure 27: (Top) Interior image showing openness and porosity of the building despite the lack of windows on the upper level. Image retrieved from aplusr.de
figure 28: (Bottom) mage showing the overall simplicity of the architecture. Image retrieved from aplusr.de

CHAPTER VI: METHODS OF PRACTICE

There are three main methods that help inform my design practice and architectural thinking – programme analysis and design brief, mapping and model making. To begin the design process, a programme analysis and comparison is created to create a base profile for the potential occupants of the building. This is useful in determining the changes in demographic and requirements for the accommodation. However, this initial analysis offered no indication of form, scale and spatiality. Instead, it presented a 'character profile' that is used to determine the spaces required. In terms of form and spaces, initial designs are derived from traditional Filipino architecture – physical and 3D models are made to support the design analysis.

6.1 PROGRAMME ANALYSIS

In this design research a programme analysis is conducted to understand and compare past and present needs of the potential occupants of the building. This analysis is used as a tool to guide the design of the accommodation as well as provide the necessary needs of the clients (staff) – especially considering that this design proposition caters for immigrant workers. There have been significant changes in the workforce since the 50s. This programme analysis will help set a design brief for the proposition as well.

The current staff accommodation provides immediate housing exclusively for Te Whatu Ora (formerly Auckland District Health Board) staff. It consists of single or double rooms with shared communal facilities. There are also short term and long term stay options available with no fixed term or length of stay. Room rates are also charged per night or per week depending on the required length of stay. With rates starting from $50 per night or $195 per week for single rooms or $235 per week for double rooms[37] - this is a convenient option for staff who live further away from work. However, will this work for modern nurses with families and other responsibilities?
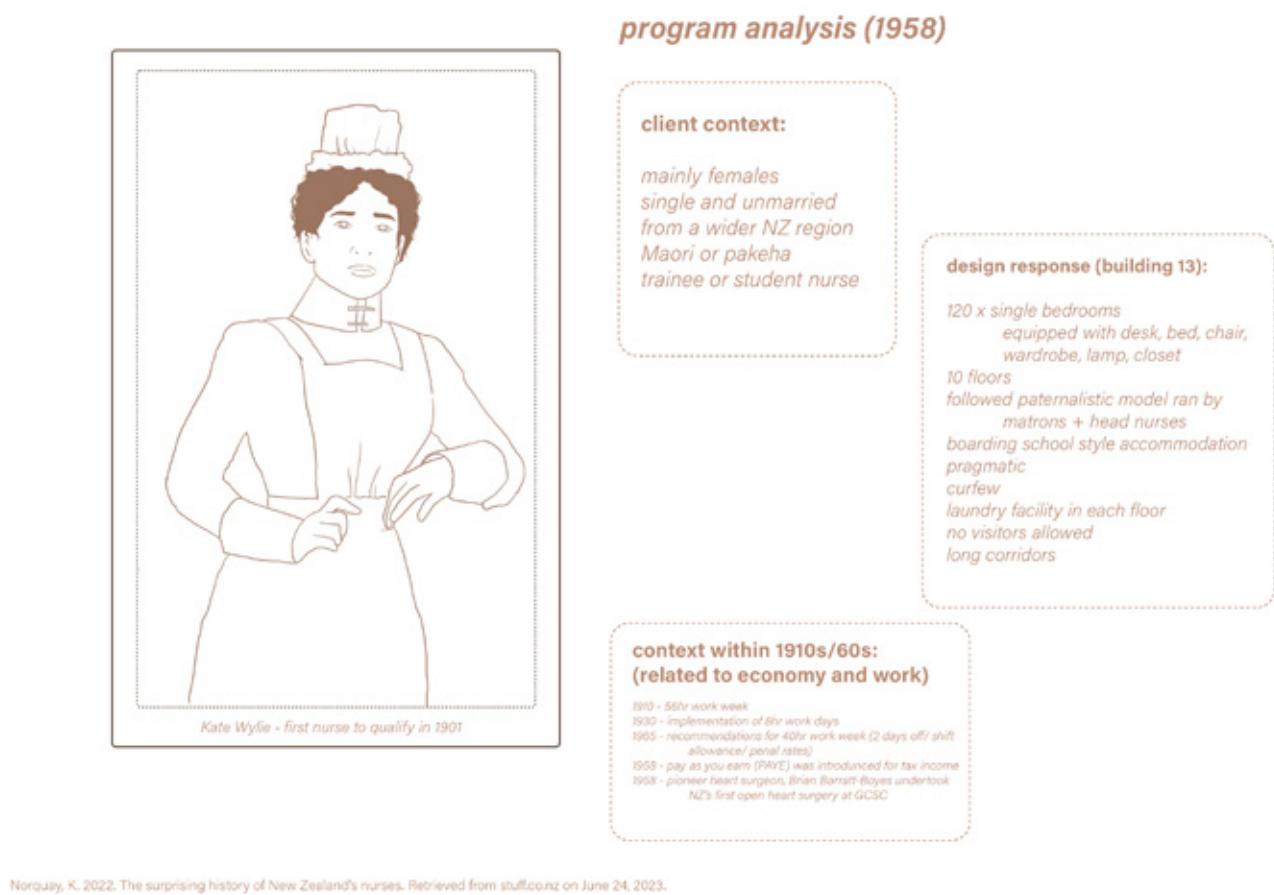

figure 29: Illustrated diagram of program analysis for 1958 health staff at GCSC

figure 30: Interior image of current staff accommodation at GCSC - boarding school style. Image retrieved from Greenlane Staff Residence Information Sheet (2018)
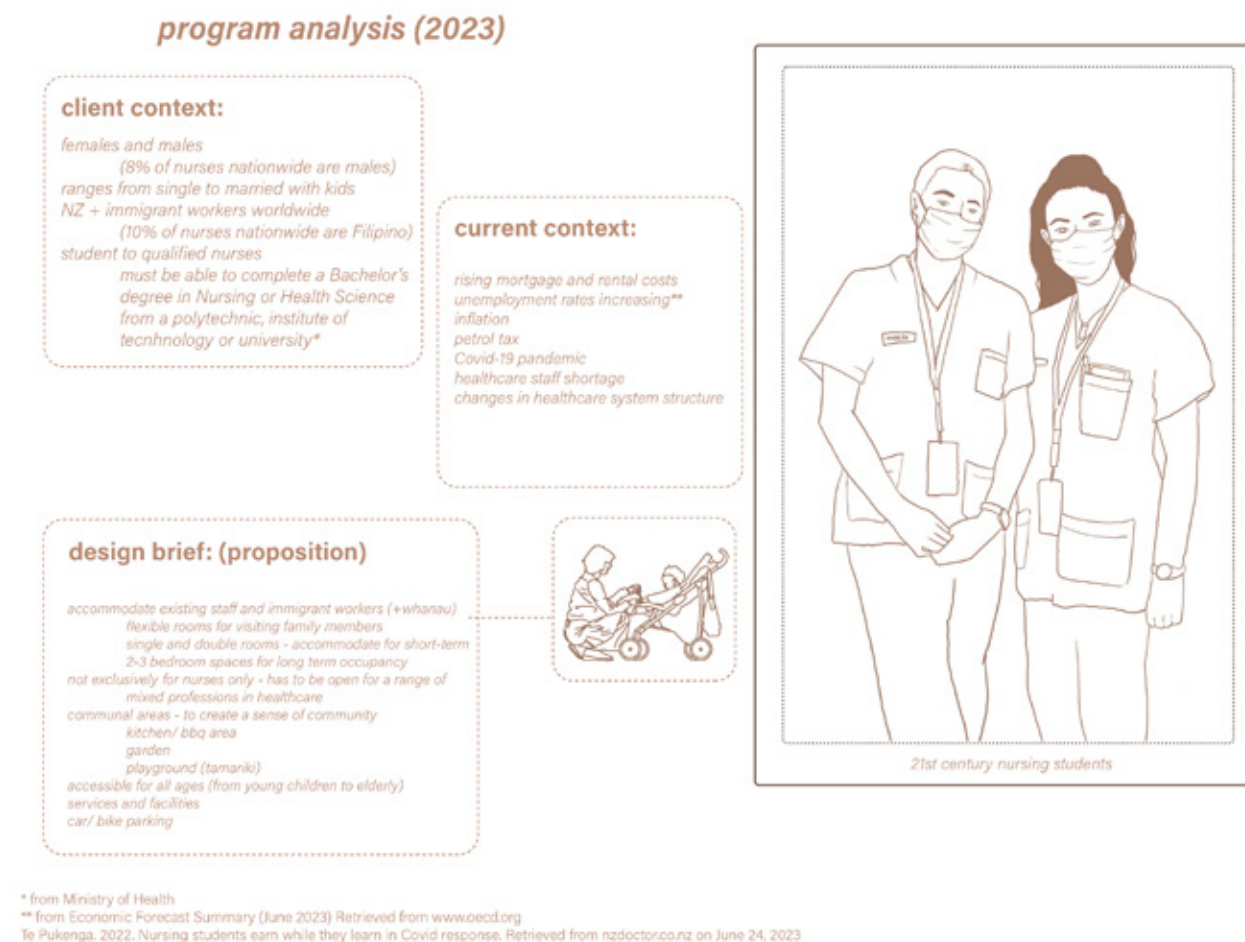
figure 31: (Bottom) Exterior image of current staff accommodation - a glimpse of life in the campus

As times have changed, so does the demographic for the nurses' home and accommodation. Although nurses nowadays are still predominantly females, there are growing number of males that joined the nursing workforce – figures show that here in New Zealand about 8% of our nurses are males[38]. Majority of healthcare workers have partners and have children to tend to as well. Therefore, the current staff accommodation in Greenlane clinical centre does not fit the context and needs of current nursing staff – especially when it needs to cater for staff and their whanau.

From the program analysis (2023) as seen in Figure 32, the design brief is formed to better accommodate the needs of the staff and their whanau that they could potentially bring with them as they migrate to New Zealand. As this design research focuses on migrant workers, the design brief addresses the opportunity to bring in health workers from overseas to help aid healthcare staff shortage here in New Zealand. The design brief addresses single workers but also staff with family members. The proposition also adapts communal spaces in order to create a sense of community for the potential residents. It must be accessible for young children to older individuals. The brief for the project is to design a mixed-use space that aims to accommodate, offer care and support to migrant staff at GCSC. In this design, the programme is developed from the needs of the staff which may not be available directly on campus (e.g., gym, supermarket/shop, courts). The brief also aims to encapsulate the value of manaakitanga within the design proposition.

Through the program analysis, it helped visualise and list the differences and changes between nursing staff then and now. In doing this, it has revealed important information that the design thesis needs to investigate and be informed by in order to create an appropriate accommodation building.

program analysis (2023)

client context:

females and males
(8% of nurses nationwide are males)
ranges from single to married with kids
NZ + immigrant workers worldwide
(10% of nurses nationwide are Filipino)
student to qualified nurses
must be able to complete a Bachelor's
degree in Nursing or Health Science
from a polytechnic, institute of
technhology or university*

current context:

rising mortgage and rental costs
unemployment rates increasing**
inflation
petrol tax
Covid-19 pandemic
healthcare staff shortage
changes in healthcare system structure

design brief: (proposition)

accommodate existing staff and immigrant workers (+whanau)
flexible rooms for visiting family members
single and double rooms - accommodate for short-term
2-3 bedroom spaces for long term occupancy
not exclusively for nurses only - has to be open for a range of
mixed professions in healthcare
communal areas - to create a sense of community
kitchen/ bbq area
garden
playground (tamariki)
accessible for all ages (from young children to elderly)
services and facilities
car/ bike parking

21st century nursing students

* from Ministry of Health
** from Economic Forecast Summary (June 2023) Retrieved from www.oecd.org
Te Pukenga. 2022. Nursing students earn while they learn in Covid response. Retrieved from nzdoctor.co.nz on June 24, 2023

figure 32: Illustrated diagram of nursing staff 2023

6.2 MAPPING

Mapping is an important tool that links architectural design and spatial exploration. It is the act of visualising and conceptualising data in order to determine connections and possible gaps. Mapping is not limited to the representation of places and spaces graphically, but it can also represent the *"cultural and political ideologies"* (Schoonderbeek, 2017, p.15). As seen in the earlier Figure 7, migratory behaviours show the distribution and constant movement of the Filipino diaspora all over the world. The site is analysed through varying scales to understand the relationship of the [Greenlane] hospital to its direct neighbourhood and the wider city of Tamaki Makaurau.
Starting off by looking at the wider Auckland region and its proximity with surrounding maunga and whau. It is important to pay respect and acknowledge the land that we inhabit. This is a part of the holistic way of thinking that we learn from Māori culture – whenua and the natural world is associated to our health and well-being (Tupu.nz, n.d., Te Ara, 2007).

figure 33: Mapping the relationship of GCSC with the wider Auckland region.
Surrounding maunga and whau are also mapped to show relativity and proximity to one another
which shows the richness surrounding the Greenlane suburb. Train lines and main highways are
indicated to show movement around the site.

According to this report, Filipinos have the *"largest diaspora population"* (Friesen, 2015, p. 21) compared to the rest of the Asian ethnicities in Auckland. Although Filipinos are known within the wider New Zealand context, the main population cluster is evident in the North Shore area where more than 2,000 Filipino migrants live (Friesen, 2015, p. 23-31). Upon mapping these findings, there is a visible trend where migrant Filipinos tend to live in the outskirts of Auckland City (as seen in Figure 34). In order to further analyse this information, an investigation is carried out for each individual suburb to find out the travel time for each one (especially during peak traffic times – 6:30am and 5:30pm). On average, it takes at least 40 minutes of driving and at least 2 public transport options to get into Greenlane hospital. From this, there is a recurring question of: why are people opting to live in these suburbs instead of living closer?

Within Auckland, there is severe issue of staff retention due to high cost of living. Auckland is becoming increasingly less affordable as a place to live and work (MoH, 2016, pg. 17) – as evidenced by Figure 35.

travel estimation based on Filipino density map

(a) from Henderson
    34 mins drive
    1hr public transport (2 buses + 9 mins walk)
(b) from Glenfield
    39-54 mins drive
    1hr 20 mins public transport (3 buses + 7 mins walk)
(c) from East Tamaki
    35-40 mins drive
    1hr 10 mins public transport (3 buses + 5 mins walk)
(d) from Kumeu
    42 mins drive
    1hr 35 mins public transport (3 buses + 5 mins walk)
(e) from Albany
    48 mins drive
    1hr 25 mins public transport (3 buses + 15 mins walk)
(f) from Takanini
    45 - 1hr drive
    1hr 53 mins public transport (2 buses + 15 mins walk)

GCSC
<1 - 3%
3 - 10%
10 - 15%+

figure 34: Travel estimation mapping based on Filipino population around Auckland

Location	Housing Type		Market Rent (Average) $NZD
MARKET RENT INFORMATION			
HENDERSON	House		
		1	387
		2	546.66
		3	633.33
	Apartment		
		1	398.33
		2	533.33
GLENFIELD	House		
		1	421
		2	565
		3	665
	Flat		
		1	442.66
		2	537.67
EAST TAMAKI	House		
		2	577
		3	701
		4	817
	Apartment		
		1	458.33
		2	596.67
ALBANY	House		
		1	507
		2	589
		3	783.33
		4	873
	Apartment		
		1	502.33
		2	584.33
		3	752.67
TAKANINI	House		
		1	401.33
		2	550
		3	656.67
		4	753.33
	Apartment		
		2	597.67
GREENLANE	Flat		
		2	521.67
	House		
		2	619.33
		3	768.3
		4	1005
		5+	1233.66
EPSOM	Apartment		
		1	508
		2	676
		3	867
	Flat		
		1	472
		2	581.67
		3	690.67
	House		
		1	413.3
		2	629.67
		3	823.67
		4	1083.33
		5+	1330

figure 35: Market rent information featuring main suburbs with large Filipino clusters

Based on Figure 35 (previous page), it is obvious that rental costs for Greenlane and Epsom are higher compared to some of the other suburbs featured in the table. However, it is also vital to mention that some of these suburbs (East Tamaki and Albany) also cost similar or relative to Greenlane/ Epsom rental prices. In this case, it is assumed that other factors such as lifestyle, convenience to childcare and other amenities are considered by the families living in these areas.

Zooming into Greenlane area, a zoning map (seen in Figure 36 below) is created in order to study the surrounding areas and neighbourhoods. Currently, there is a visible trend of apartment buildings and housing units in the area opposite to the site according to Auckland GIS (Geographic Information System). In order to open the GCSC site to its surrounding neighbourhood, it is necessary to understand what areas are around it as well. This will help in determining the appropriate site for the architectural proposition of this design research. Another thing to note is that there is an abundance of commercial and retail spaces along Manukau Road. Schools and daycare are dotted around the GCSC site as well – see Figure 37 (Amenity map). The most evident feature of the site's neighbourhood context is Cornwall Park/ One Tree Hill area, parks and reserves which are used for recreation or are known as conservation areas.

single house zone   special use   terrace housing/ apartments   recreation + conservation zone   business/ mixed use   mixed housing
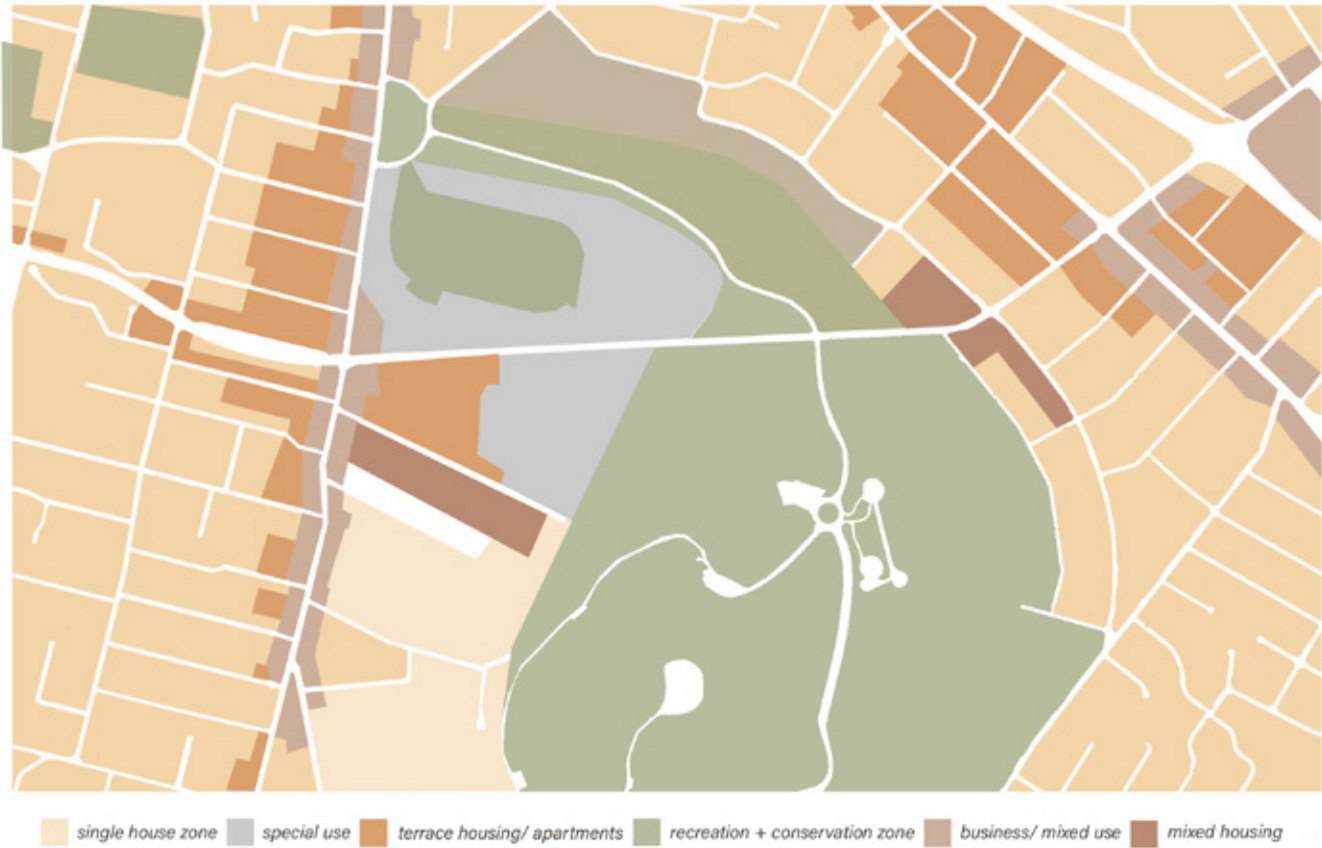
figure 36: Zoning map showing current land use in Greenlane and Epsom suburb

Schools and daycare are important factor to map as staff whanau might include tamariki[39]. From this walkability map, I was able to analyse the distance between the site and nearby amenities. It also revealed that some services can be brought into GCSC to minimise the distance and allow for more convenience. Although Farro and FreshChoice supermarkets are easily accessible from the site, it does not necessarily mean that it is cheaper. This is the case for Farro, a high-end grocery store and locally owned FreshChoice supermarket. Farro is known for featuring niche products from all over New Zealand, some of which may cost twice more than regular brands offered in local groceries like Countdown or PaknSave. With food costs increasing 9.9% in the last year[40], people are more mindful of where they shop and what they purchase in order to save money. Having Farro and FreshChoice as the two immediate options in the area does not allow for maximum savings despite its convenience. Countdown Greenlane is also available however, it is a 20-minute walk from the site which can cause a problem especially to those without cars. Limited cycle lanes and bus routes could also pose a problem (as seen in Figure 38). Because of this finding, an opportunity of bringing in a fresh market or store in campus could be a part of the programme. It could also present the opportunity for the architecture proposal to make space for gardens where staff and whanau can grow their own fruits and vegetables. In doing so, access to fresh produce will be more accessible especially for staff and whanau members that may be elderly or disabled.

figure 37: (Top) Amenity map showing existing schools, supermarket, public transport stops and churches in Greenlane and Epsom suburbs

[39] young children, kids
[40] NZ Herald, 2022. *Focus: Pain at the checkout as food prices hit a new 10-year high*

bus routes
cycle paths
shared paths
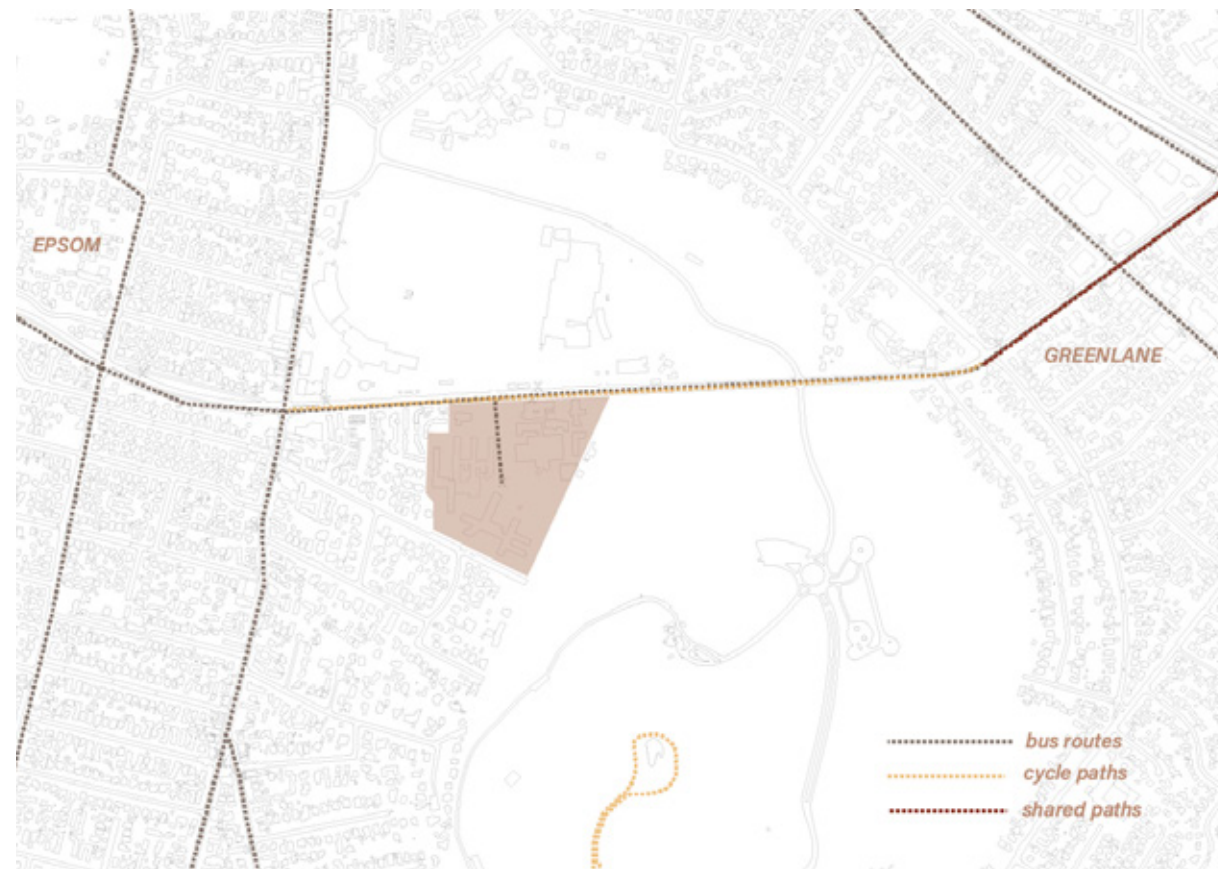
The method of mapping has played a significant role in the exploration of data, trends and how these could influence the design outcome. As this thesis project centres on providing appropriate accommodation building for migrant healthcare staff, mapping is a fundamental tool that explores different facets of the needs of migrants workers and their families. Based on the maps and the researched data, the Greenlane campus is a closed-off campus that lacks the needs of staff who are currently living there. The staff's basic needs and supplies are met however, it is the bare minimum and the essence of home and community is missing. This knowledge will serve as foundation for the architectural proposition and developing the programme in order to provide a holistic solution.

figure 38: (Top) Main bus and cycle paths around GCSC
figure 39: (Bottom) 5-10 minute walkability map from GCSC

6.3 MODEL MAKING

Models are a great way of understanding construction and thinking through physical making. In design and architecture, it is fairly common for model making to be used in order to show and communicate the intent behind the design (Eissen, 1990). Architectural model making also helps in creating iterative versions of an idea which can further develop a concept. It allows designers and architects to examine the design – its "structure, lighting, acoustics or ventilation" (Cowan, 1968). This is also a cost-effective way of testing each idea. Theoretical understanding can be validated or extended through the means of experimental model making (Gibson, Kvan & Ling, 2001).

Creating models have always been a method I utilise for almost every project. It is a way to begin the creative process and let ideas out onto a built form. During the early stages of my design research, I created a model of the Filipino vernacular house, bahay kubo (as seen in Figure 41), to understand its structure and form. By producing a model, it allows me to gain deeper understanding of the hut - how spaces are layered inside, how people occupy a single dwelling unit and how space can facilitate different relationships within the community. As this research is a way for me to deepen my understanding of my culture and the Filipino archetypes, model making has allowed me to explore and learn about the different building methods, patterns and traditional hut variations that I did not know about to begin with. While creating these iterations, I wanted to keep in mind the three main parts that make a traditional bahay kubo – *silong* (basement), *silid* (room) and *bubong* (roof).

figure 40: (Left) Bahay kubo physical model
figure 41: (Right) Digital model of bahay kubo

After creating physical models of the bahay kubo, iterations are further explored through 3D modelling. This is a great way to comprehend how traditional Filipino huts and houses are constructed and how pieces are connected. Although, 3D modelling is a completely opposite and contemporary way of doing so, it is still a useful tool to create multiple iterations of intricate roof detailing in less time. Roofing is one of the main focal points and distinct features of bahay kubo. Therefore, this is one of the first responses that I tried to recreate. In traditional way of thinking, the roof can be more than just a structural component. It can also be translated into a 'gesture' or a form of extending oneself to another – a way of reaching out. Earlier model iterations seen on Figure 42-47, explore stilt-like forms and angular roofing structure. These models are used to visualise my understanding of Filipino architecture and to also think about the architectural language and form that I could potentially use for the proposal.
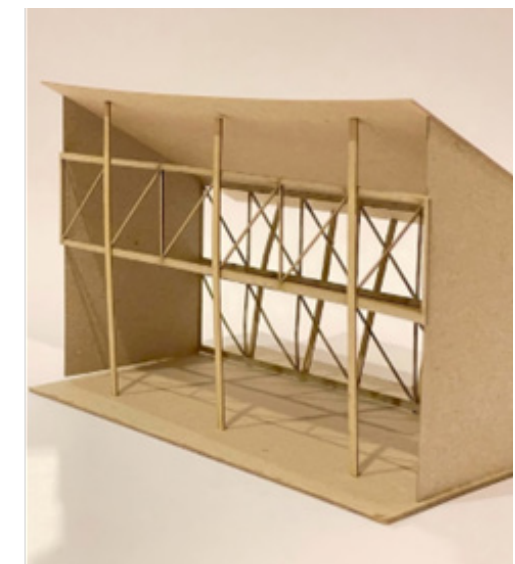
figure 42-47: Model iterations exploring stilt-like language from bahay kubo. These models also explore angled roofing and woven-like language seen in Streetlight Tagpuro precedent

Further pushing my design thinking and iterative process, collages are also used to supplement this. In figures 48 and 59, courtyard spaces and waharoa concepts are further explored to give sense of space and scale. A challenging aspect in this project is that it is easy to get lost in the scale of Greenlane; its neighbourhood and the internal hospital campus. These collages has helped in thinking about surrounding elements present in and around the site such as the maunga. It is important that the design proposition does not overshadow, cover or 'compete' with the maunga as it is a significant aspect of the site and its historical context.

figure 48: (Top) Collage of earlier models to initiate the spatial organisation process
figure 49: (Bottom) Collage exploring scale, activities and waharoa concept
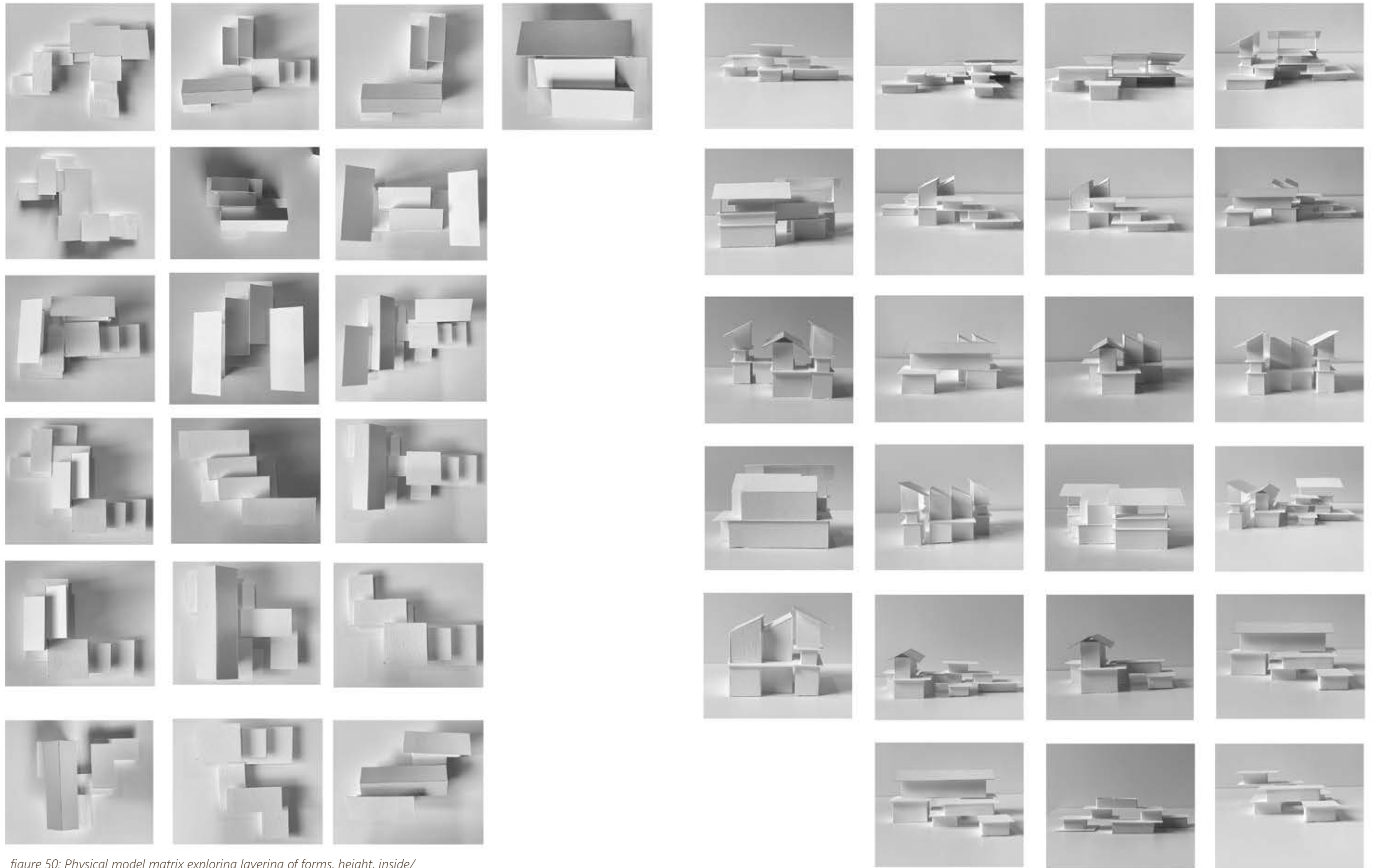
figure 50: Physical model matrix exploring layering of forms, height, inside/
outside relationships and scale - these models were created to help supplement
design thinking and development

The study's focus on the Filipino vernacular, bahay kubo, exemplifies the value of creating models in this cultural research. It allows me to comprehend its structure and physical attributes that could inform spatial organisation and facilitating various relationships between individuals and community. Through varying approach to the design methodology, it enables me to bridge the gap between traditional ways and values and contemporary design processes – to foster a deeper connection between culture and architecture.
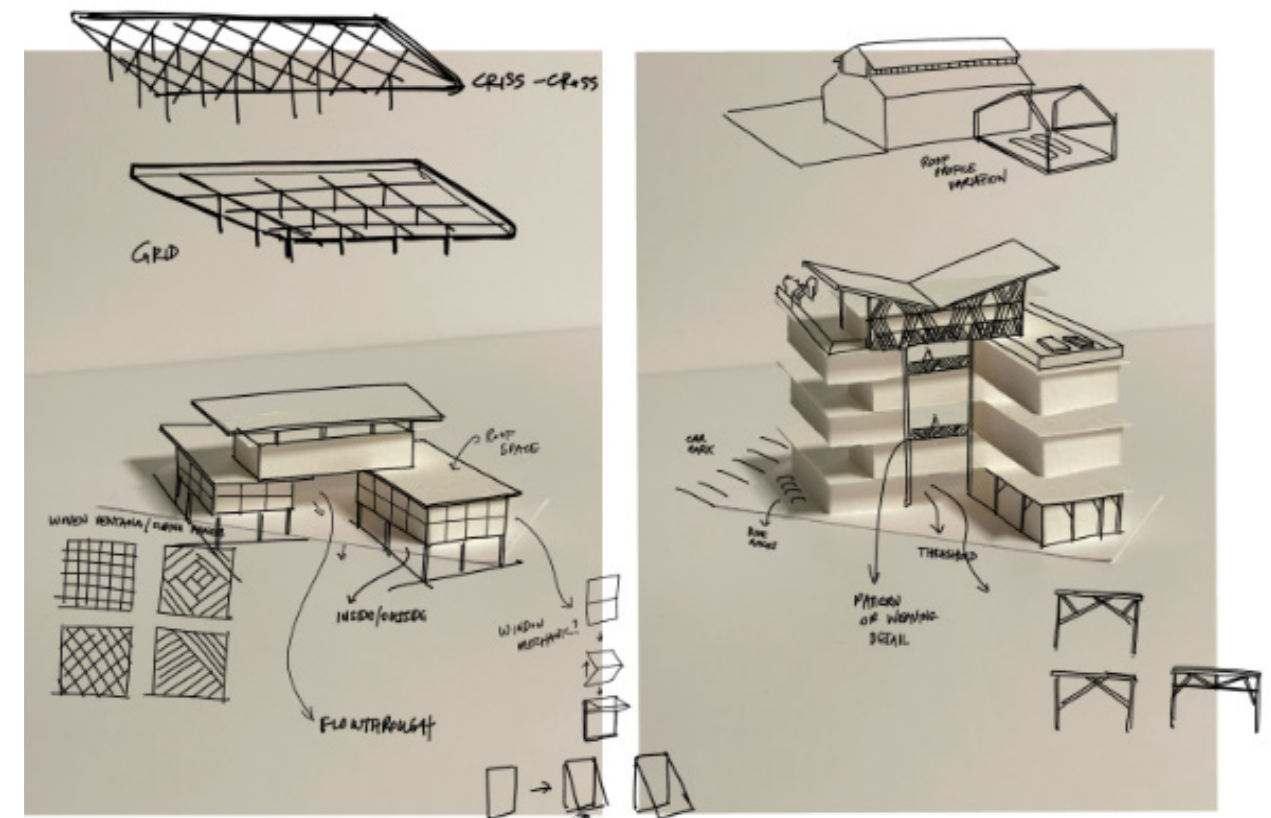
figure 51-53 (continued to next page) : Further developments using combination of model making and drawing - exploring openings, column arrangements and thresholds
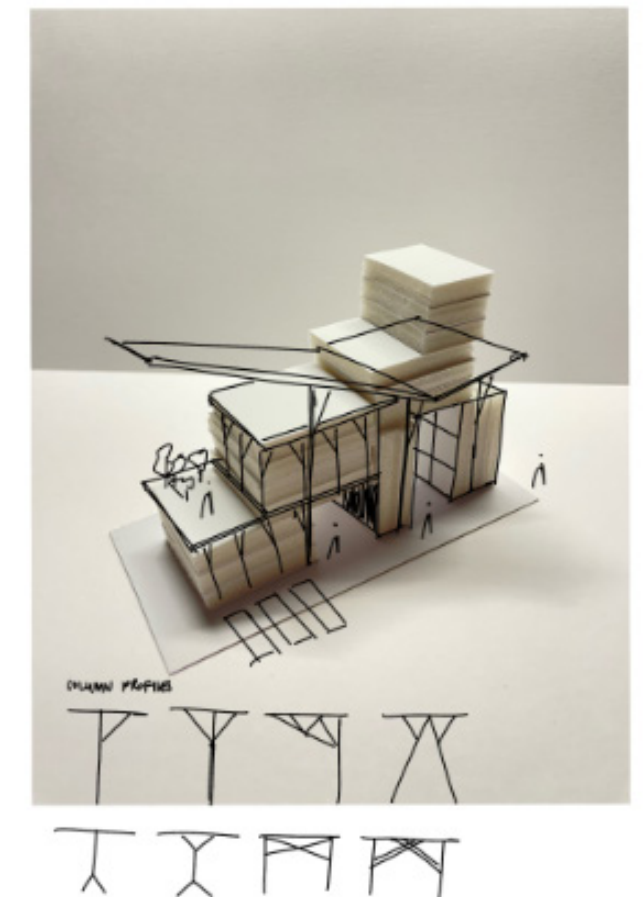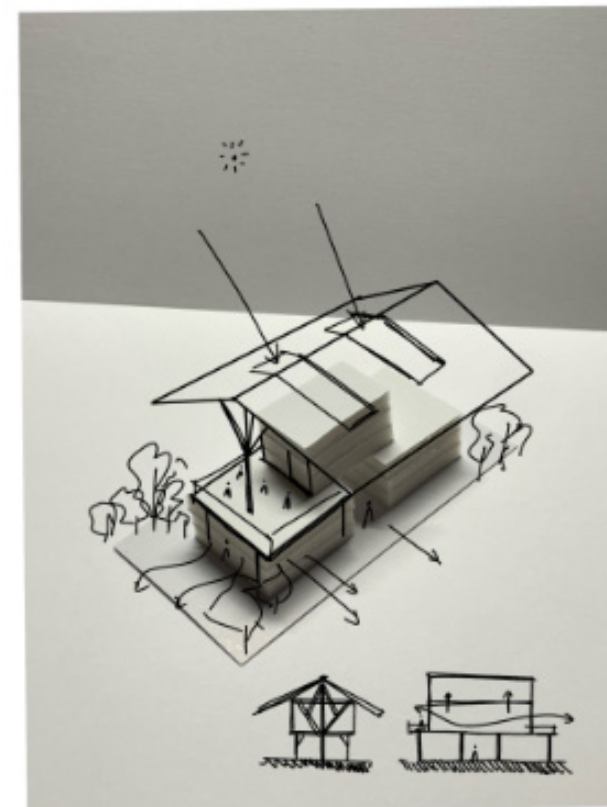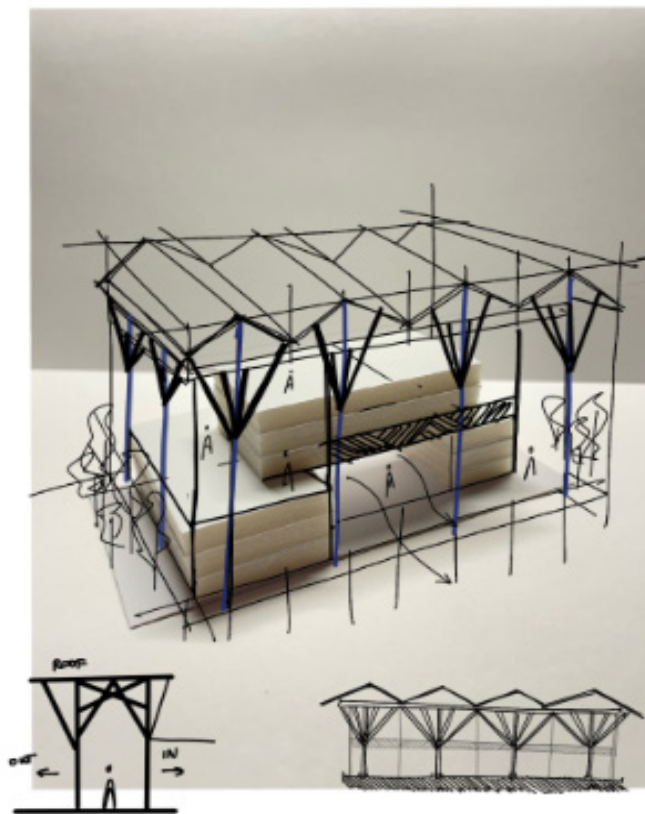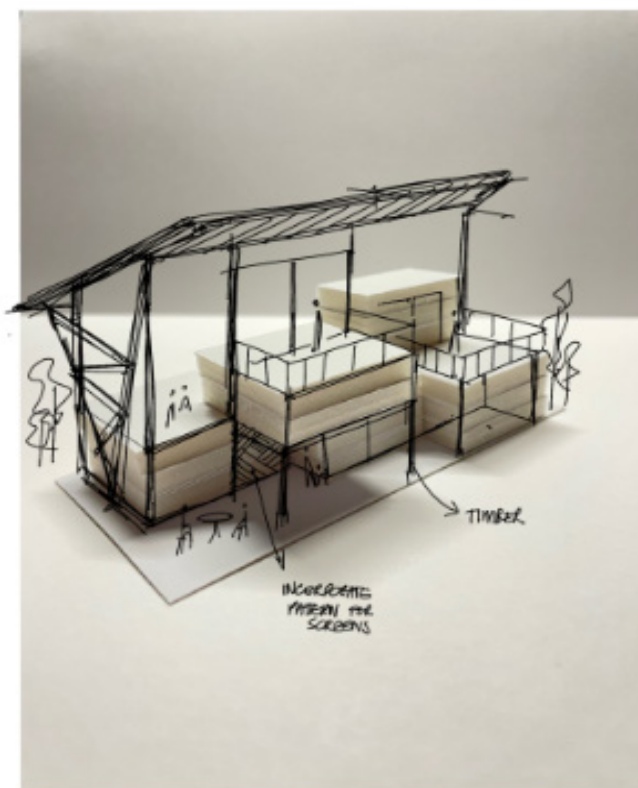
PROBLEM OF SCALE

As the design progressed, the form of the accommodation building are realised through an iterative model-making process (Figure 50-53). However, during this time, I came across the problem of scale – the design has continued to become a scale-less object and created a disconnect between grounded, value-based design to an institutionalised block (much like the current accommodation building).
It lacks the intimacy and connection that I wanted to emulate. This has been a challenge due to the nature of the Greenlane Clinical Centre site. It is fairly easy to fall into the trap of creating larger scale interventions as it fit the current aesthetic of the surrounding clinical buildings. However, reflecting upon these models and drawings, I realised that I did not want to create one large building but rather, creating a smaller scale village-style proposition would work best – focusing on the intimate moments and utilising architecture to catalyse interactions between the residents.

OCCUPYING SPACE + CULTURAL BEHAVIOURS

Starting with understanding the essence of how Filipinos occupy and use space – how they host people how spaces transform. This is key for me to further understand as these spaces are grounded by deep cultural values and practices as well. Drawing from personal lived experiences in Filipino spaces back in the Philippines and here in New Zealand, there are a few practices and spatial qualities that have been constant in Filipino homes such as taking off shoes before entering the house, gathering around food - where the kitchen and living area merges into one, taking turns with the karaoke machine (magicsing) and even having rooms on the ground floor to accommodate for older family members.

figure 52: Essence of Filipinos - karaoke and the love for singing, gathering and sharing of food (salo-salo), leaving shoes by the door before entering. These moments are crucial in informing the architectural proposal as these are the key moments that I envision - true essence of hospitality and community.

CHAPTER VII: DESIGN PROPOSAL

7.1 SITE ANALYSIS AND APPROACH

This speculative approach is manifested in the Greenlance clinical centre site, within the suburb of Greenlane and the heart of Auckland. The selection of the appropriate site needs to be in relative distance to the main buildings and access points to enable ease of accessibility. It is also important to select a space and create an architectural proposal that does not feel like staff are living within the clinical centre. The site is required to be within a space that is able to uphold the traditional values that are embedded in Filipino spaces and being, those being kapwa, pakiramdam and kagandahang-loob, as these are significant aspects that contribute to creating an accommodating space for Filipino migrant workers.

With all these factors in mind, the site chosen sits along the scoria wall along the eastern side of the Greenlane campus. This area is mainly occupied by cars and sits in between the main clinical building and Cornwall Complex. It has 3 points of access; one coming from the main centre entrance, one directly connected to Greenlane West and one coming from the southern entrance from Claude Road. The overall contour layout has a slight slope however, the southeast section has a 1.8 metre elevation change.

While its environment reflects that of a cityscape urban environment due to the taller buildings surrounding it, in saying that, this site also provides a great line of sight and connection with Cornwall Park and Maungakiekie. Compared to the existing urban condition of the Greenlane site, this provides a different outlook and creates connection between whenua, maunga and people.
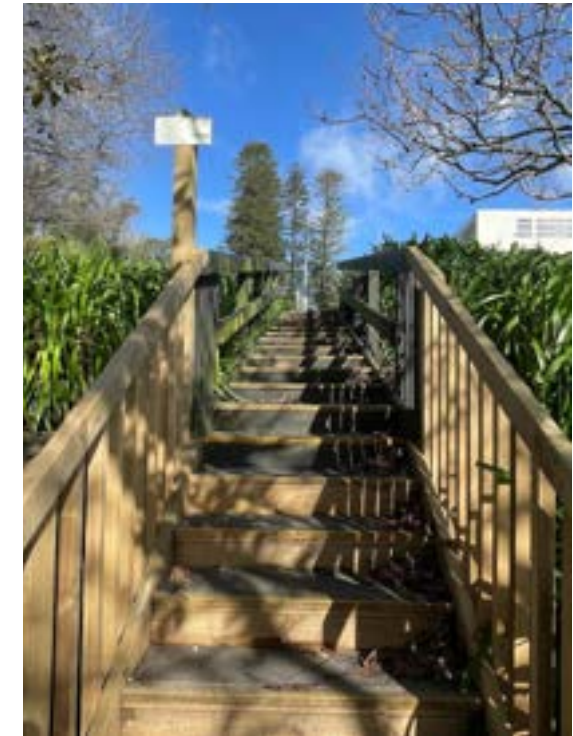

figure 53: (Top Left) Image of outside garden on eastern side of Cornwall Complex
figure 54: (Top Right) Image of stairs showing elevation change from the garden leading to parking lot next to Cornwall Complex
figure 55: (Bottom) Image of urban condition along one of the entrance points of GCSC - potentially could be opened to connect proposition to the mainroad

7.2 OCCUPANT ESTIMATION

In order to determine the scale of the proposal, a hypothetical estimation is done to determine how many occupants are able to be hosted in the building. A speculative scenario is created to determine the amount of staff and their family members:

50 Filipino migrant healthcare workers are brought into the Greenlane Clinical Services Centre in order to help aid the staff shortage. Half of these workers (25) are either assumed to be single and migrating on their own or bringing their partner or spouse (+1) with them to start a family here. These include recent graduate nurses and registered nurses (RN) with previous clinical experience - an approximate total of 33 people.

The other half (25) of the migrant workers are assumed to be families - bringing their spouses(+1) and children with them. In a typical Filipino nuclear style family setting, there is an average of 2-3 children per family - an additional 50 or so children - a total of additional 88 people.

As the design proposition aims to establish unity and building community, the design tests the idea of introducing injections of shared pockets of space throughout the proposal such as shared balcony spaces, flexible rooms, and adding public amenities (gym, recreational sport court, community gardens and small grocery) to allow for wider neighbourhood connection. In doing so, it extends manaakitanga not just for the staff, their whanau and visitors on site but also to the existing surrounding neighbourhoods. This diversifies the use of the site and to de-institutionalise it. This way, hospitality is re-established in the hospital.

7.3 DESIGN STRATEGIES

SHARED SPACES AS CATALYSTS FOR INTERACTION

The primary motivation for this is to reflect the expression of oneness in a spatial context. In the Filipino culture, hosting and welcoming of family, friends and guests are of high importance which is partly why spaces are bright and open. A shared balcony area is situated on top of the middle unit and is to be shared by three adjoining units. This allows a space whereby the occupants can interact and gather.

The use of 'staggered' layout is derived from the Ukutoia design concept precedent which allows for pockets of private and public spaces. It provides access points for each resident while still maintaining connectivity.
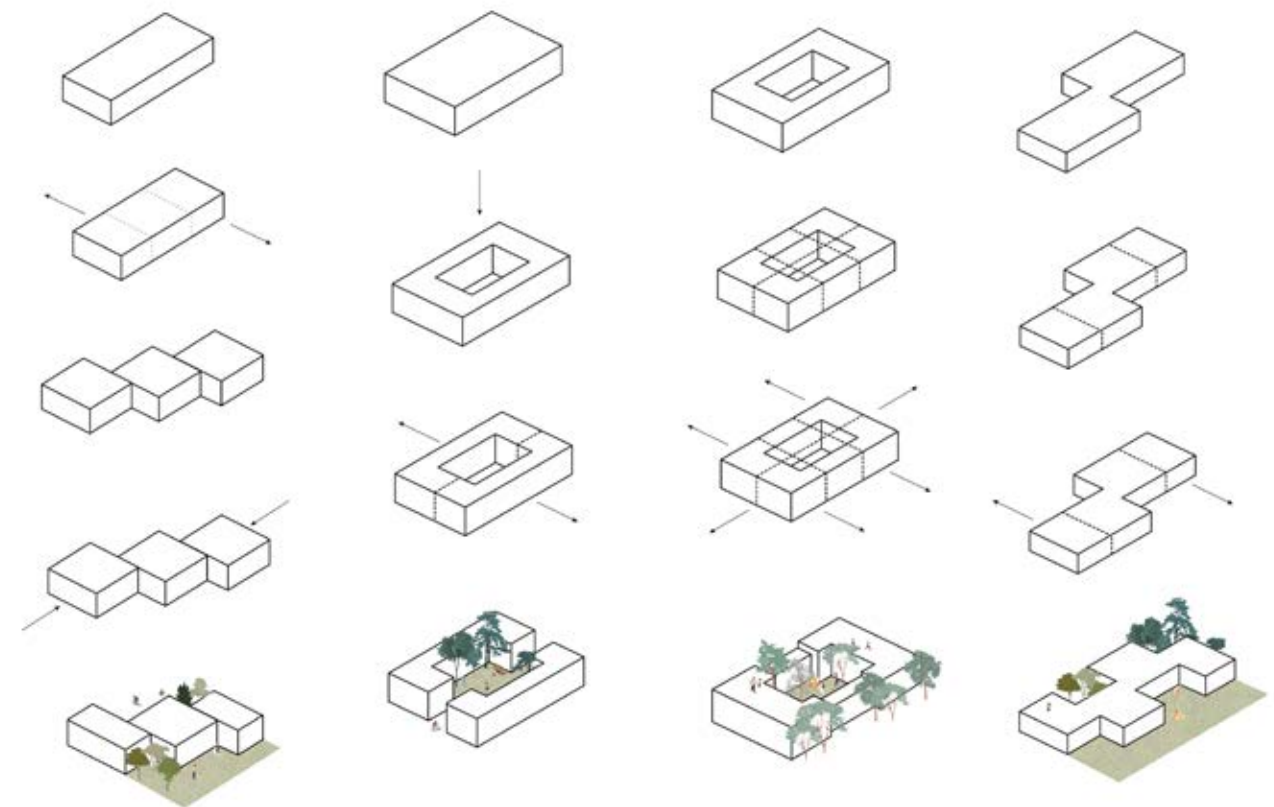
figure 56: Illustration of massing explorations based on conceptual forms
- studying the potential of staggered layout and creating pockets of space

PATIO

Patios are also introduced to the design as it becomes a boundary and indicates change of space. This is also a space where shoes are often left behind before people enter the house - a cultural practice common in most Asian households and something that is continued to this day. The patio/ entrance area also creates a buffer space between outside to inside - despite the lack of partitions, the slight level change or 'step-up' indicates the change in space.

BEDROOMS

A design strategy applied in making the bedroom space more flexible for the residents is a partition system specifically focused in the bedroom area. As previously mentioned, spaces are often shared in a Filipino home and this is reflected on the extension of space as well. Therefore, these built-in partitions between rooms allow two bedrooms to merge into one which enables larger families or groups of people to gather in the space (seen on Figure 58). Accordion-style doors are used in order to maximise the space as it sits perpendicular against the wall.

connection between units to shared courtyard + laundry area
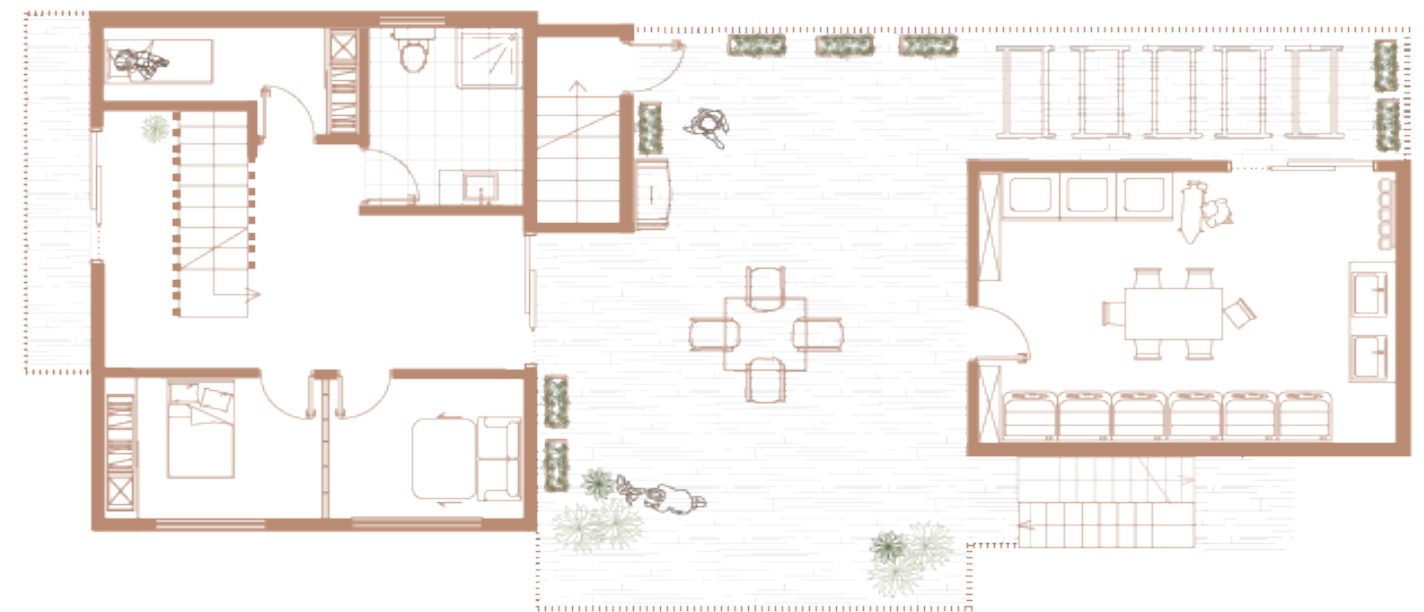
figure 57: Illustrated floor plan of unit connection and shared balcony space.

Staff House 001
4 bedroom, 2 bathroom

1 front patio
2 kitchen
3 living room
4 garden
5 bathroom
6 bedroom
7 guest bedroom/study

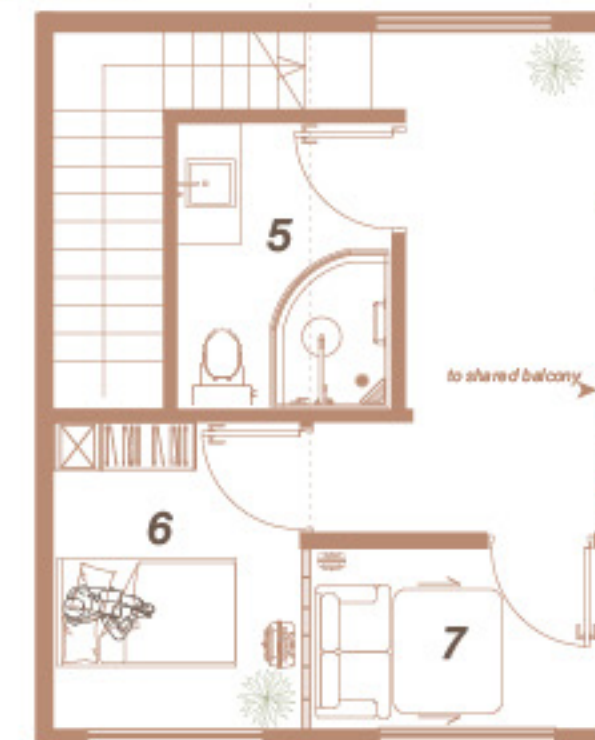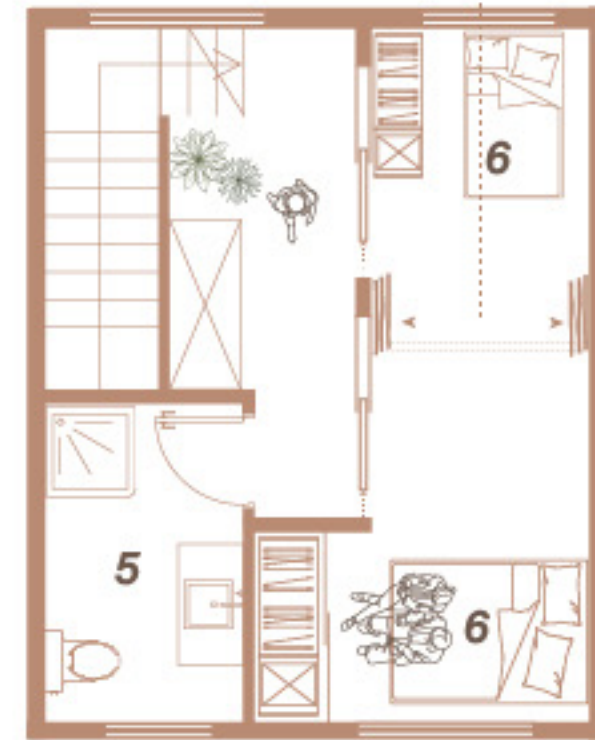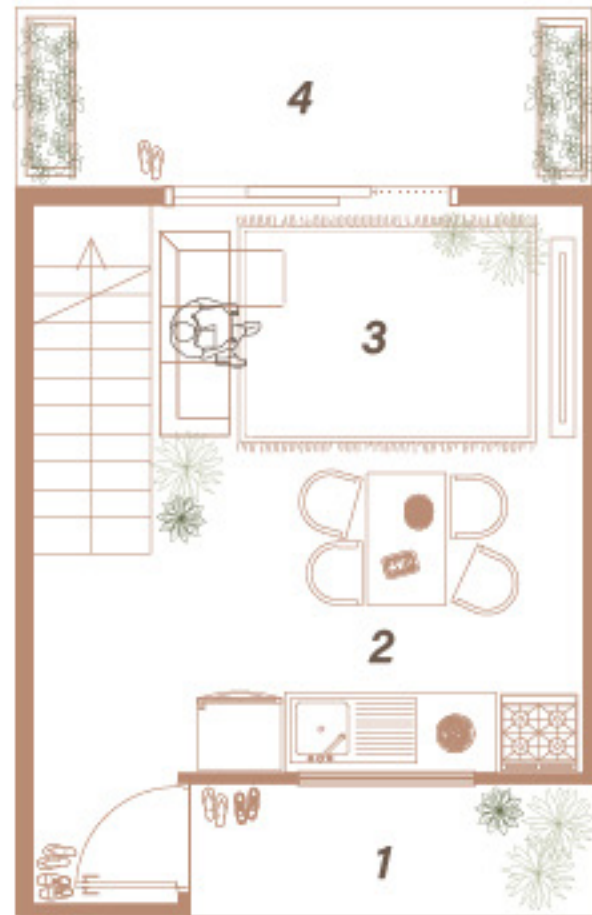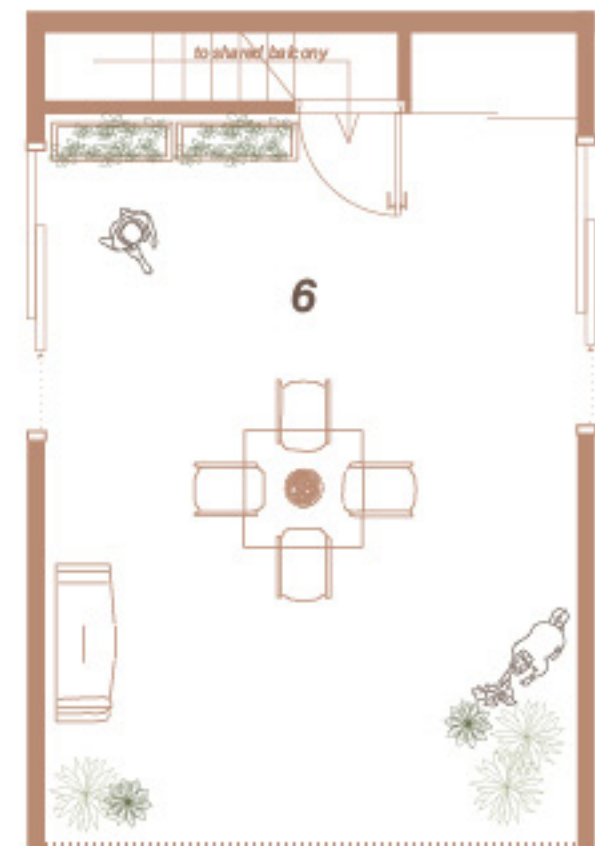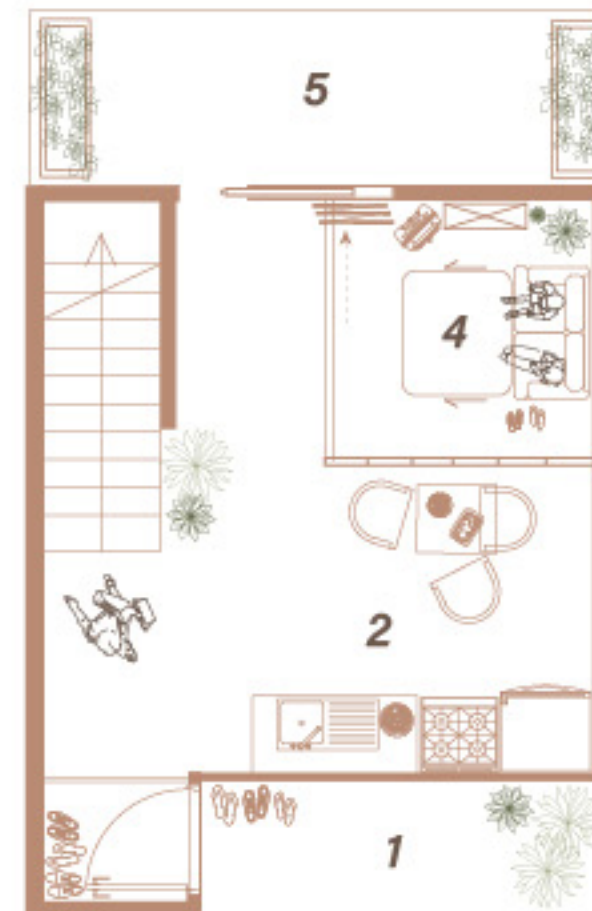*figure 59: foldable partitions -
sits proportionally against the
wall to maximise space use
and adaptability*

foldable partitions

4

3

2

1

5

6

6

5

6

7

to shared balcony

Staff House 002
3 bedroom, 1 bathroom

1 front patio
2 kitchen
3 bedroom
4 flexible living room
5 garden
6 bathroom
7 shared balcony

5

4

2

1

3

3

to shared balcony

6

Staff House 003
1 bedroom, 1 bathroom

1   front patio
2   kitchen/ dining area
3   lounge
4   study nook
5   bathroom
6   bedroom

5

6

4

2

3

to staff house 004
(upstairs)

1
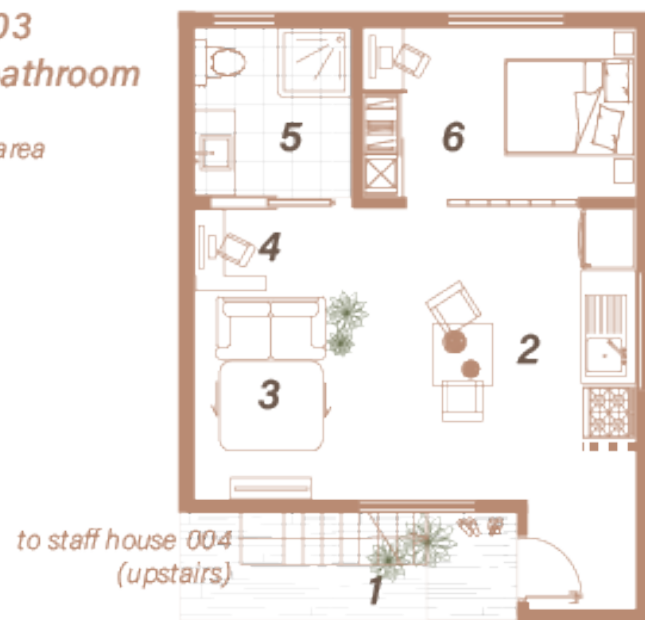
ground floor

Staff House 004
2 bedroom, 1 bathroom

1   front patio
2   kitchen
3   lounge
4   bedroom
5   study nook
6   bathroom

4

5

6

4

2

3

1

to shared balcony

first floor

Laundry Area

second floor
(connected to shared balcony)

figure 60: Staff house and shared balcony/ laundry
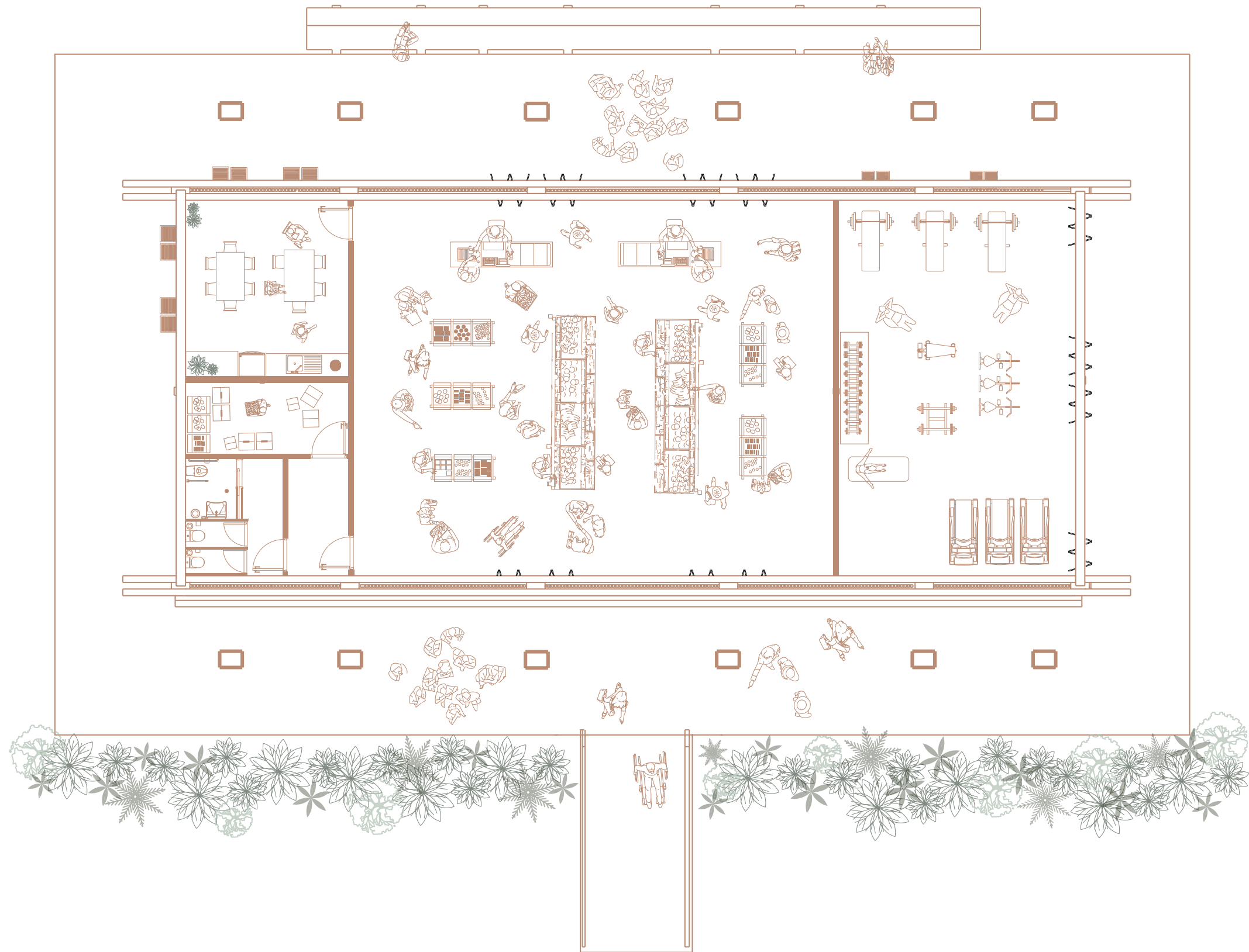connection plan in 1:100 scale on A3

6 0

figure 61: 1:100 floor plan of community building - showing interactions and potential activities

Cornwall Park

Cornwall Complex

housing
block 2

housing
block 3

housing
block 1

playground

community hub

sport court

GCSC main clinical building

1:500

figure 62: site map of architectural proposition within the context of Greenlane Centre
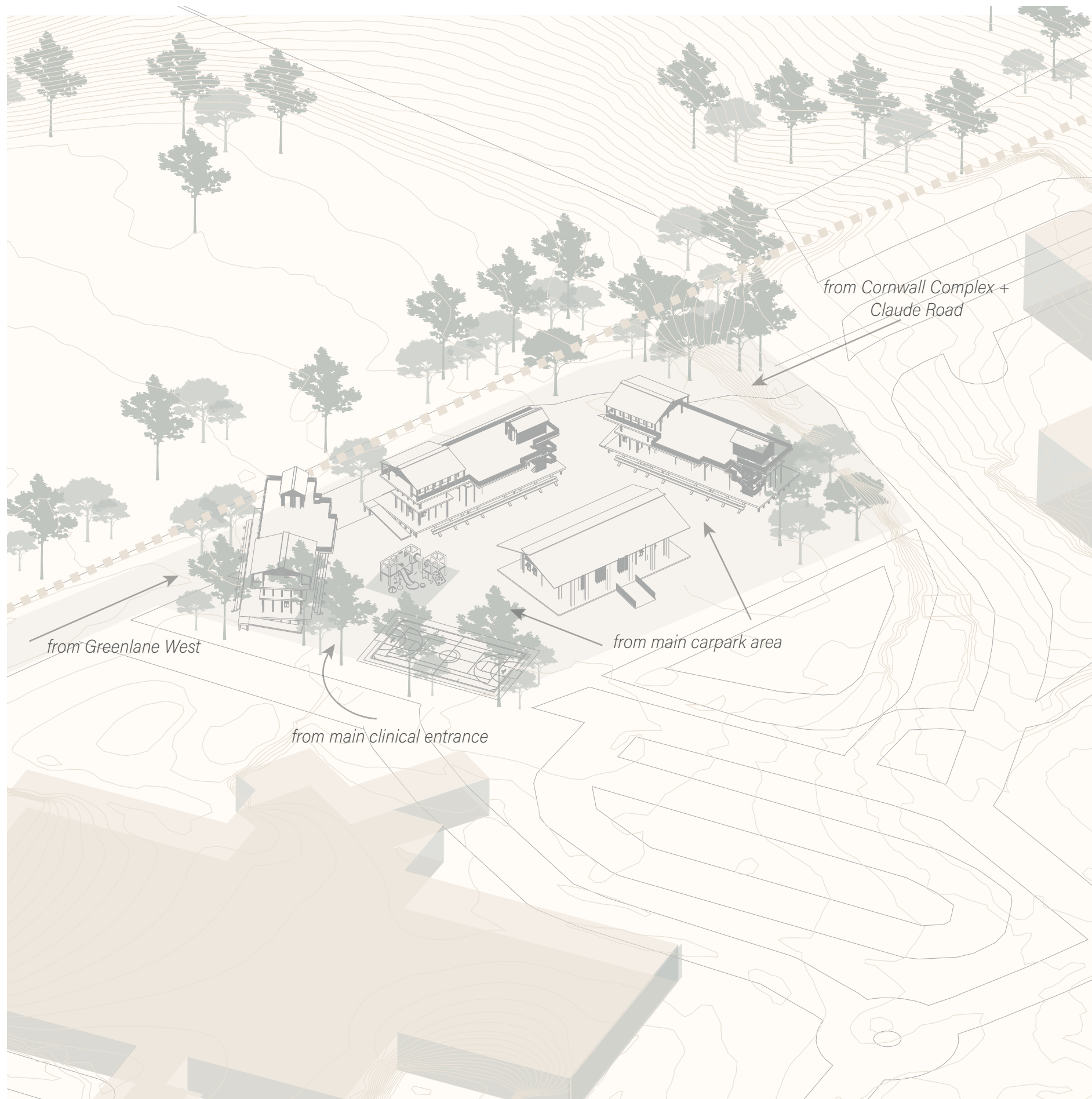
figure 63: illustrated map of the entrance ways and access going into the site

from Cornwall Complex +
Claude Road

from Greenlane West

from main carpark area

from main clinical entrance

KAPWA AND SPATIAL SHARING

The final representation of this indigenous concept presents the perception that architecture does not limit or separate cultural values from another. The conception of the 'unity of self and the other' is a powerful value that is present in all cultures. An evidence of this is the shared history between Southeast Asian and Pacific countries. Through this thesis, it reveals how grounding cultural values are, not just for people but also in architecture and spaces. We find resemblances between families through the way we treat and interact with each other. We find shared appreciation for the way we prepare and gather around food. We find connection through the way we participate in the community.

Figures 64-66 are visualised renders that show how people could potentially utilise the spaces. Natural hues and organic materials are used as it attempts to draw away from the clinical and sterile hospital aesthetic.
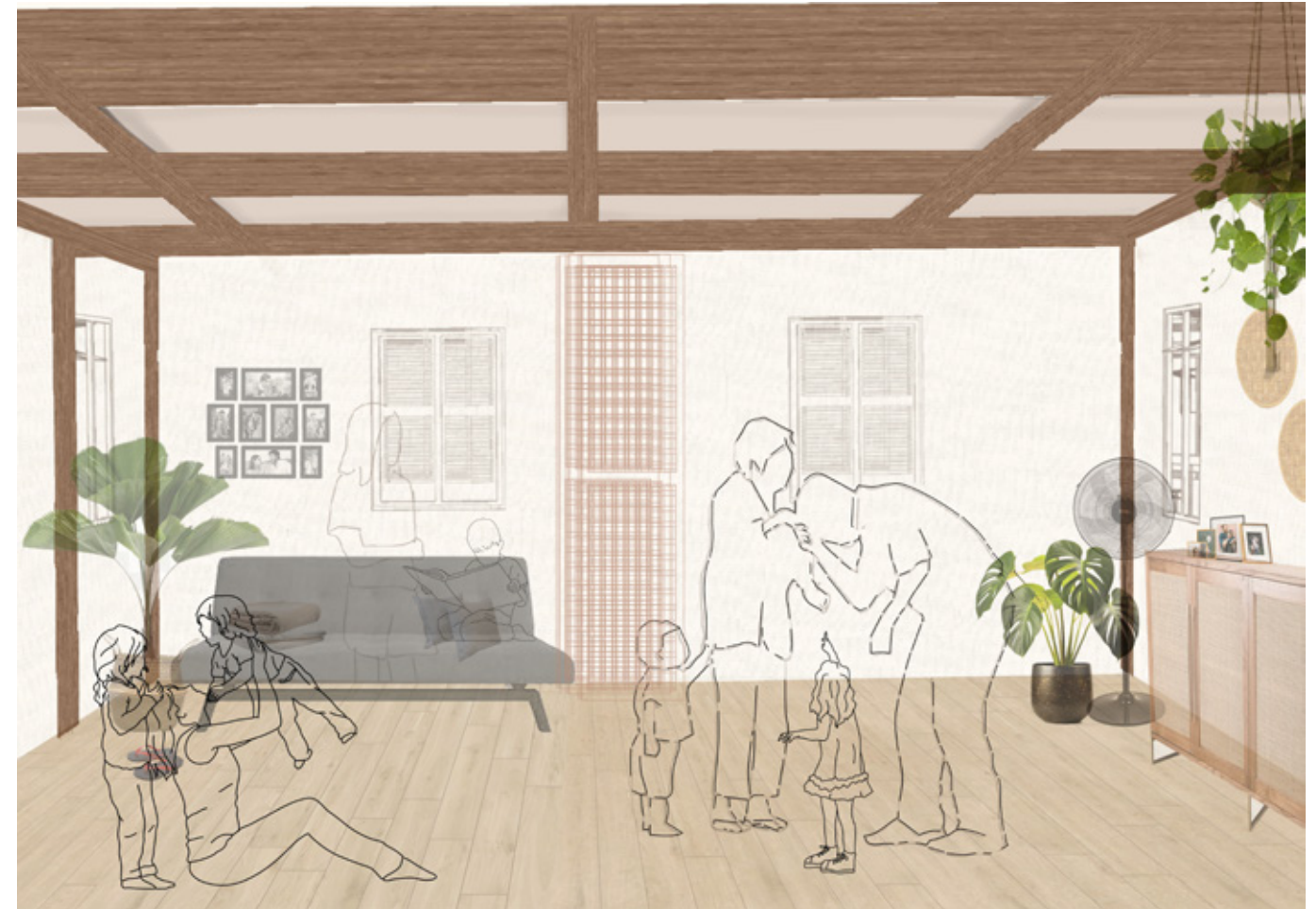

figure 64-66: collaged illustration showing space use for living room, shared laundry space (p.65) and staff breakroom (p.65)

figure 67: illustrated render of housing block
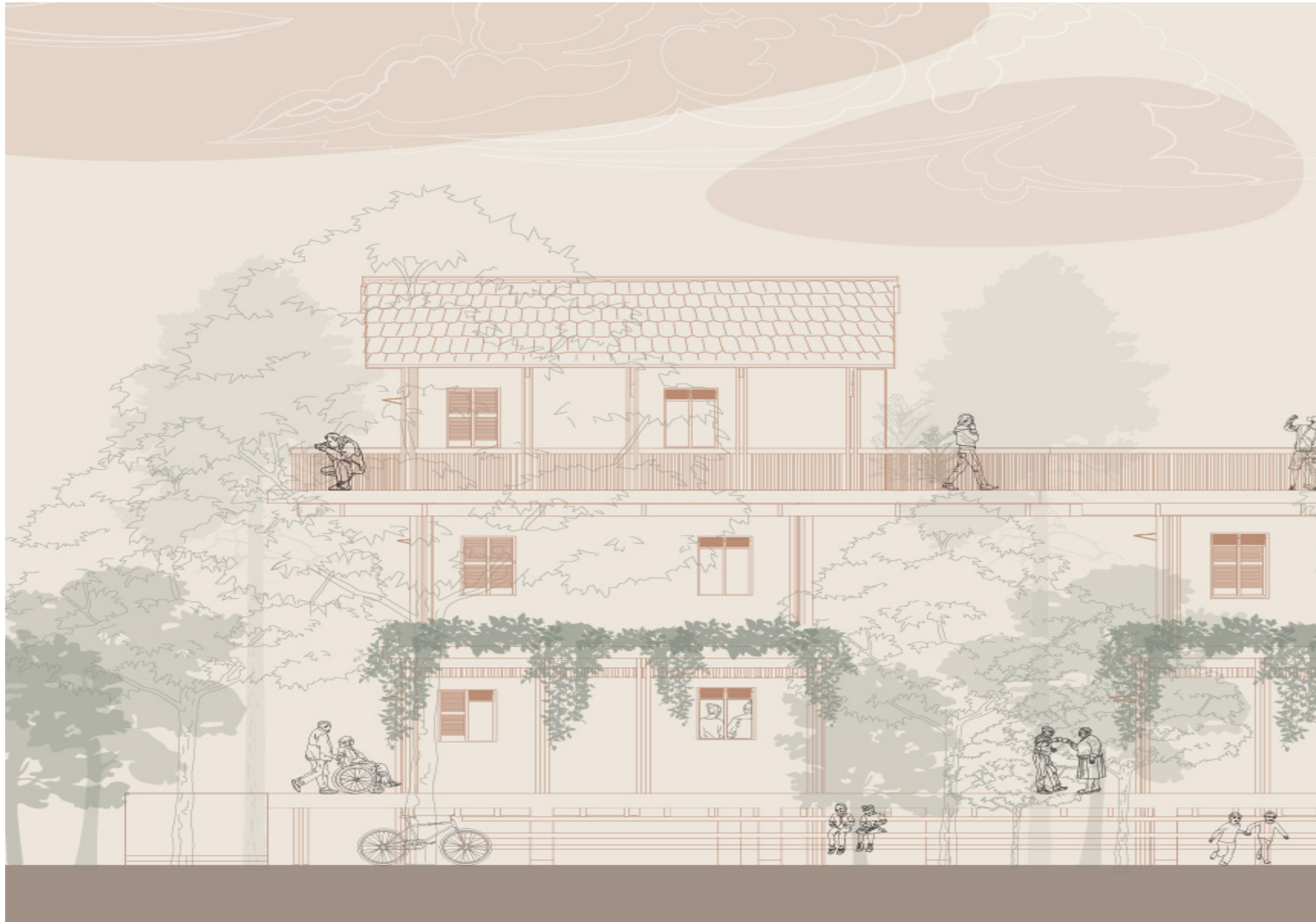
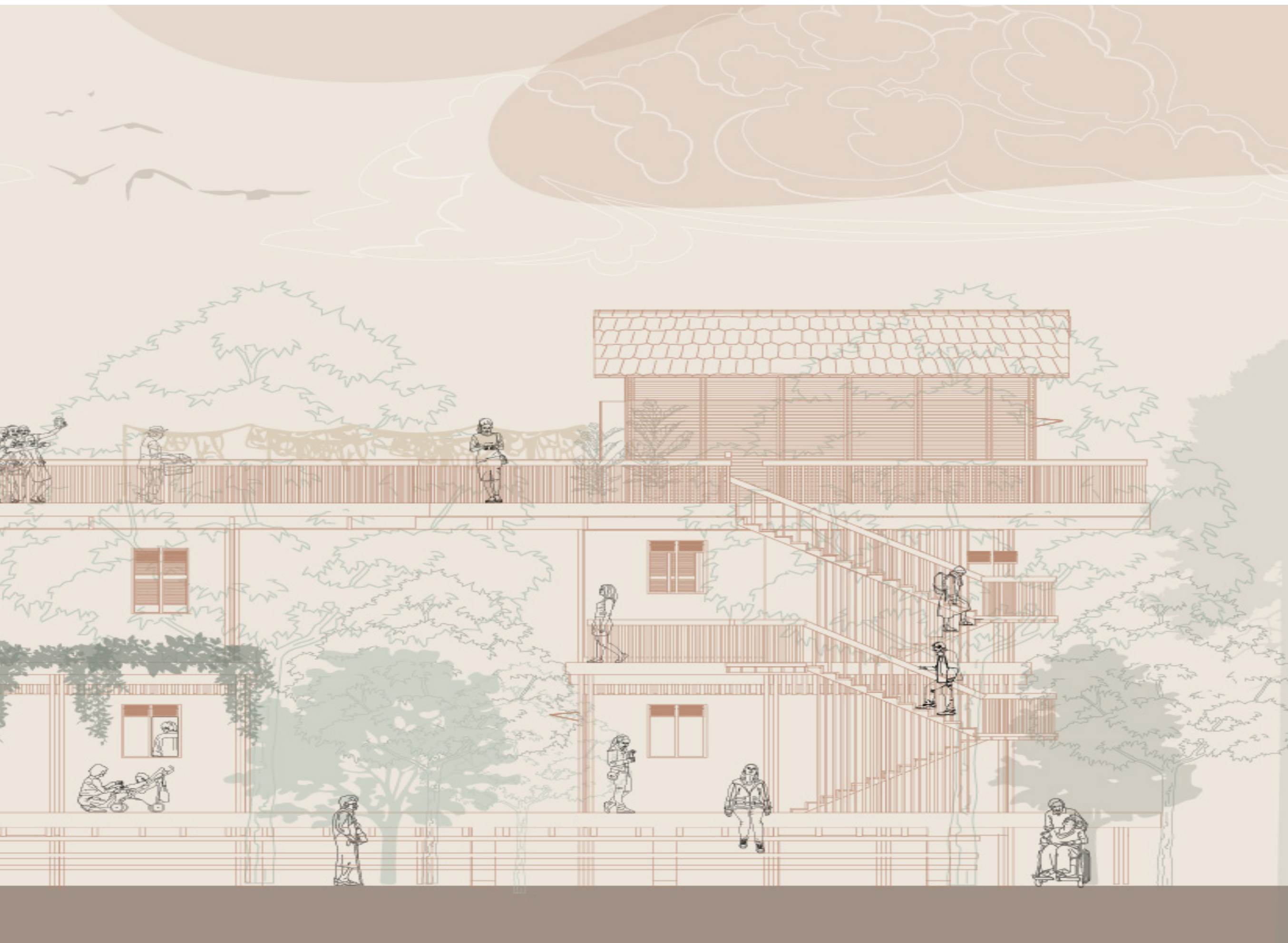figure 68: illustrated render of community hub

figure 69: 1:100 long section of housing block

The attempt of applying cultural values and hospitality are reflected through creating communal spaces where staff and/or their whanau and visitors can interact with each other. The shared amenities such as the laundry space doubles as a space where people can enjoy visual connection with the maunga and as well as the wider hospital campus - this design approach was inspired by 26Aroha precedent discussed in Chapter V.

The architectural proposition is made to be porous, mimicking the way a traditional bahay kubo is as this is a way of changing the institutionalised, clinical feel of the hospital. The thesis tests this unconventional idea of merging traditional architecture style in a modern context. In doing so, the building almost literally 'opens' itself onto the rest of the Greenlane campus as well as establishing its connection with Maungakiekie. Wider window openings and accordion-style doors allow for openness and extension to happen as well.

The housing block is designed to slightly tower over the community hub and be visibly noticeable for adjacent buildings as it can encourage patients and visitors to engage with the architecture and the occupants as well. It is acknowledged that this architectural approach is uncommon especially within a clinical setting but the thesis wants to interrogate the idea and to apply cultural values into the design as well.

Architecture is a powerful tool in fostering these connections. At the core of this project is to find inclusivity, care, hospitality, as a catalyst to create welcoming and comforting spaces for migrant healthcare workers. It acknowledges that we need to take care of the people who provide care for you, me and the community. This research project has become a deep personal approach and perspective to how architecture can connect a disconnected world and find unity in new ways.

figure 70: 1:100 cross section of community hub and housing unit in relation with surrounding Greenlane campus

CHAPTER : CONCLUSION + FINDINGS

In conclusion, this thesis began as a general exploration of my Filipino heritage and ways of regaining the values that I thought were long forgotten and lost. From a personal perspective, as a part of the Filipino diaspora, researching Filipino cultural values has widened my understanding of people, culture and community. Through this thesis, I was also able to discover connections and similarities with the Māori and Pacific cultures - despite the heavy Western influences, cultural practices and deep-rooted values are still strongly embedded within us - it is at the core of our being. In this project, architecture is not a mere prop but rather a tool that helps amplify these values. It is an instrument that helps facilitate these interactions between people and space.

Through the use of design-based methods such as mapping, physical and 3D modelling and drawing, I was able to discover the complex case of Greenlane Clinical Centre site and design within it. By investigating the needs of migrant staff, it allowed me to be more empathetic and to consider what possible activities and interactions that might occur in each space – to make it comforting and welcoming. The architectural proposition aims to be more than just an accommodation building with the bare necessities but rather, offering the staff and their whanau a place whereby they can be a part of a wider community. Migrating to Aotearoa over a decade ago, I had seen and observed the Filipino community grow and flourish here. Conducting this research project helped me understand the context of my own culture, our people and the way our communities integrate within society. One thing that I truly appreciate while doing this thesis project is the fact that these values and cultural practices are passed down from one generation to the other. Filipinos may be dispersed all over the world; however, deep down, we still share this relationality with one another. What this research unravels is the unseen influences that Filipino hospitality has on Aotearoa healthcare. As the modern world continues to develop and cultural practices slowly dissipate, this thesis hopes and wishes to demonstrate that it is worth maintaining our cultural values in foreseeing the future.

Reflecting on the progress and development of the thesis, one of the overarching challenges involved balancing the necessary pragmatism of the hospital programme with the application of cultural and domestic values in an architectural context. While challenging, this balancing of institutional pragmatism with a responsive domesticity enabled an approach sensitively focused on care and wellbeing. Through the design process, I put myself in the position of migrant healthcare workers – drawing from lived experiences and stories from my relatives who are currently experiencing this or have gone through this process. Continually, I asked myself: "how can I make it easier and more comfortable for them?" or "how can I make them feel at home?". I acknowledge the struggle and challenges that migrants, in general, face on a day to day basis. I believe that as architects and designers, in order to create architecture or spaces that truly encapsulate hospitality and care, we have to create spaces that comprehend and support potential users in a multidimensional way.

This thesis blends theories of care, design strategies and as personal embodied knowledge to highlight the real and ongoing struggles of healthcare migrant workers, and to reveal Aotearoa's continued reliance on migrant workers. Through this exploration, the thesis allowed me to understand that architecture goes beyond physical structures and planning. Architecture is also inherently informed by deeper cultural values which can then catalyse relationships between occupants and the built environment. Overall, the design thesis became a quest focused on creating empathetic architecture, one that could potentially help, support and care for the healthcare migrant workers that provide care for us. In so doing the thesis interrogates what it truly means to create hospitable, accommodating architecture within a health-care and wellbeing context.

"ang hindi marunong lumingon sa kanyang pinaggalingan ay hindi makakarating sa paroroonan"
Jose Rizal, Philippine Hero

(he who does not know how to look back at where he came from will never get to his destination)

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