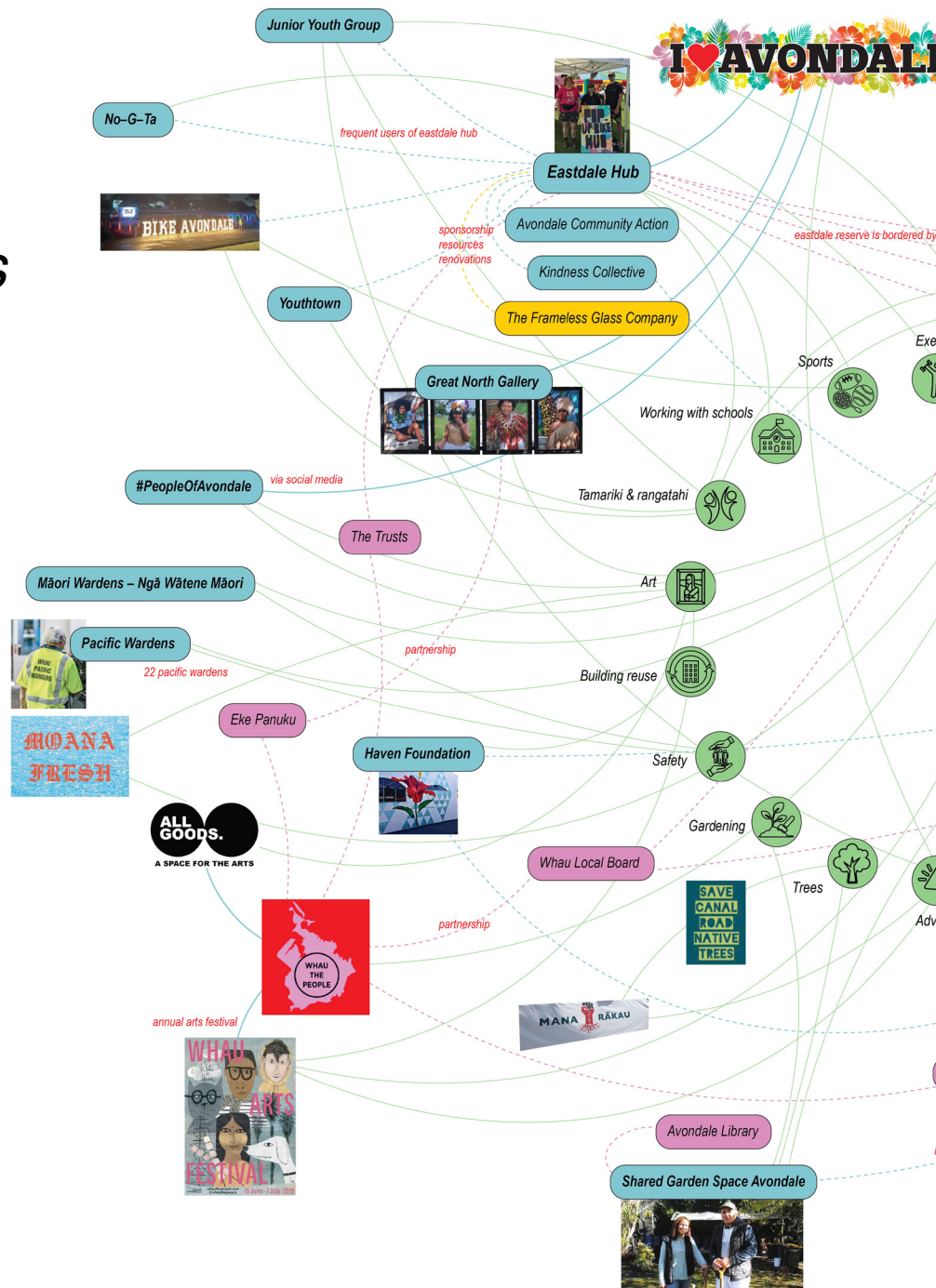


A LOCAL PLACE FOR HAUORA

*An Enmeshed
Architecture
Within the
Interconnections
of Everyday Life*



Hajung (Audry) Yu

A thesis submitted to Auckland University of Technology in partial fulfilment of the requirements for the degree of Master of Architecture (Professional), 2022

Abstract

This design research, ***A Local Place for Hauora***, explores health and wellbeing through the lens of “enmeshed architecture”. The design proposal responds to the intensification of Avondale—a suburb in Tāmaki Makaurau, Auckland—including the uncertain future of a racecourse that, in this proposal, is partially reimaged as an urban ngahere (forest). Two outcomes are proposed, occupying both the permanent and temporal. The first proposition is a building in the town centre; edged by the ngahere it brings together a diverse programme of community garden and plant nursery, spaces for kai (cooking and sharing) and raranga (weaving) alongside a barbershop, health clinics and bike workshop. Developing ‘pocket’ and ‘edge’ spaces and blurring the thresholds between different types of health, the building provides opportunity for community wellbeing and social exchanges alongside medical health treatment. To further the tactic of slipping healthcare into the everyday, the second proposition is of three mobile interventions; the bike, boat and bus. These travelling waka are intended to distribute social, ecological, clinical and civic health outwards into other local spaces in wider West Auckland through various modes and scales.

This architectural proposition was landed in the thesis through the investigation of the question, ***“How can we enhance the opportunities that lie in an ‘enmeshed spatiality’ of health through connecting with the ecologies of the local environment?”*** The project is uniquely Avondale, intentionally seeking out the neighbourhood’s own ‘ways of health’. Borrowing a method from muf architecture/ art to understand place by first ‘valuing what is there’, the principles of regenerating the local are carried out through the tools of mapping and photomontage. These methods are used to seek out the existing initiatives in Avondale and nurture them as possibilities for what health and wellbeing can look like as part of daily life. Together, these methodologies work to reveal the tightly woven interlocks of practices that reach out to social, cultural and biophysical ecologies.

Encompassing the research, the term “enmeshed architecture” is attended through the concept of mauritanga, the co-creation of knowledge as hybrid research collectives and agency in the social-local. By navigating the ways in which we exist in and action the world, this term is explored in a relational sense, critiquing the divisive western binaries of animate/inanimate planetary entities, local/professional expertise and patient/doctor relationships in the urban environment. This describes an expanded grasp on *enmeshment* developed through the course of this thesis, ranging from the ontological, epistemological and spatial.

Key words: Enmeshment, Health and wellbeing, Social initiatives, Local, Ecologies, Architecture

Table of Contents

Abstract	2	Present	56
Table of Contents	4	Key documents	60
List of Figures	6	Future	63
List of Tables	11		
Attestation of Authorship	12	Chapter 5: Methods To Understand Place	66
Acknowledgements	13	Valuing, nurturing and defining	67
		Mapping	68
Introduction	15	Photomontage	76
Thesis outline	16	Chapter conclusion	81
Positionality and research motivations	17		
		Chapter 6: Design Operations	82
Chapter 1: Healthcare in Aotearoa	20	Catalogue of Best Practice	82
Traditional Māori medicine and the effect of colonisation	21		
Tohunga suppression	21	Chapter 7: Grounding the Research: Design Proposal	88
Western-centric agendas and system reforms	21	Hui Kōrero: Permanent building	94
Current political controversies	22	Three Waka: Mobile interventions	138
Local health & wellbeing initiatives	24		
		Chapter 8: What Did I Find?	150
Chapter 2: Locating My Research	28	Event-based health provision results in spatial agency and ahi kā	151
Finding my area of inquiry	29	Mapping and photomontage are methods to shift spatial governance	151
Beyond the hospital: public health	30	thinking	
Costa Rica EBAIS model	31	Informal ‘architecture’ is necessary for the local	152
		New tools for future practice	152
Chapter 3: Enmeshment: Thinking Relationally About the More-Than-Human, Knowledge Sharing and Local Agency	34	Conclusion	154
Mauritanga: Being with the more-than-human	35	Examination	155
Hybrid research collectives: Co-production of knowledge	39		
Agency in the Social Local	41	References	158
Avondale social space mappings	46	Appendices	164
Asking myself: What is it you are aiming to do?	51	Appendix A: Kererū and urban ngahere process	165
		Appendix B: Precedent studies	167
Chapter 4: Avondale, Tāmaki Makaurau, Aotearoa	52	Appendix C: Design iterations 1 & 2	174
Past	54	Appendix D: Design brief first draft	178

List of Figures

Figure 1. Tunnel House in Section [Digital drawing].	14	Figure 13. Kererū and the Urban Ngahere [Diagram].	38	Figure 20. Shared Garden Space Matariki Whau Festival Event 2022 Present Free Seedlings and Soup [Poster]. From <i>Shared Garden Space Avondale</i> , 2022, Facebook (https://www.facebook.com/photo/?fbid=5220429007992111&set=pcb.5220429201325425).	44	Figure 31. Brickworks Factories Along the Whau River [Photograph]. From <i>Te Whau Pathway main route, West Auckland: Archaeological assessment</i> (p. 10), 2019, Auckland Council (https://www.aucklandcouncil.govt.nz/ResourceConsentDocuments/14BUN60337530AppxDArchaeologicalAssessment.pdf).	55
Figure 2. Illustrated Timeline of Healthcare in Aotearoa [Diagram].	22	Figure 14. EBAIS Doctor Visits His Patient at Home [Photograph]. From <i>Costa Ricans Live Longer Than We Do. What's the Secret?</i> , by F. Ramos, 2021, The New Yorker (https://www.newyorker.com/magazine/2021/08/30/costa-ricans-live-longer-than-we-do-whats-the-secret).	39	Figure 21. I Love Avondale Instagram Page [Screenshot]. From <i>iloveavondale</i> , 2023, Instagram (https://www.instagram.com/iloveavondale/).	45	Figure 32. Great North Road in 1958 [Photograph]. Adapted from <i>Avondale, Auckland City</i> , 1958, Alexander Turnbull Library (/records/32053587).	56
Figure 3. Local Wellbeing Initiatives Around Tāmaki Makaurau [Diagram].	26	Figure 15. Elderly Chinese Man Welcomes Avondale Sunday Market-goers with Erhu Music [Photograph].	41	Figure 22. #KaiAvondale Instagram Post [Social media post]. From <i>iloveavondale</i> , 2022, Instagram (https://www.instagram.com/p/CdaJco_lrLS/).	45	Figure 33. Avondale's Streetside Shops [Photograph].	57
Figure 4. Locating My Research in an Enmeshed Spatialisation of Healthcare [Diagram].	29	Figure 16. Avondale's Local Social Initiatives [Diagram].	43	Figures 23 & 24. Chairs Placed Outside Barbershops [Drawing].	46 & 47	Figure 34. Aerial of the Avondale Sunday Market [Photograph]. From <i>Toro Whakaara: Responses to our built environment</i> (pp. 6-7), by HOOPLA, Objectspace.	58
Figure 5. Te Whānau o Waipareira Crew and Their "Vax Van" [Photograph]. From <i>We started the vax race from behind</i> , by Te Whānau o Waipareira, 2021, E-Tangata (https://e-tangata.co.nz/comment-and-analysis/we-started-the-vax-race-from-behind/).	31	Figure 17. Walking Samoans Facebook Page [Screenshot]. From <i>Walking Samoans</i> , 2023, Facebook (https://www.facebook.com/WalkingSamoans).	44	Figure 25. Children Play Cards Between Clothing Racks [Drawing].	48	Figure 35. Signage at the Sunday Market in Chinese [Photograph].	59
Figure 6. Costa Rica EBAIS System [Diagram].	32	Figure 18. Bike Avondale Matariki Night Ride 2021 [Photograph]. From <i>Bike Avondale Matariki Night Ride 2021</i> , 2021, Greater Auckland (https://www.greeterauckland.org.nz/2021/07/22/safety-on-ash-st-rata-st-but-not-for-bikes/bike-avondale-matariki-night-ride-2021/).	44	Figure 26. Elderly Sit and Chat Shaded Under Large Trees [Drawing].	49	Figure 36. High Level Project Plan [Map]. From <i>Avondale Town Centre regeneration: High Level Project Plan</i> (p. 25), 2017, Eke Panuku (https://www.panuku.co.nz/downloads/assets/4896/1/avondale%20high%20level%20project%20plan.pdf).	61
Figures 7 & 8. EBAIS Community Health Workers Deliver Healthcare [Photograph]. From <i>Costa Ricans Live Longer Than We Do. What's the Secret?</i> , by F. Ramos, 2021, The New Yorker (https://www.newyorker.com/magazine/2021/08/30/costa-ricans-live-longer-than-we-do-whats-the-secret).	33	Figure 19. Eastdale Hub Pop-Up Bike Hub [Photograph]. From <i>Eastdale Hub</i> , by I. Patisolo, Avondale Community Action (https://avondalecommunityaction.com/current-projects/eastdale-hub/).	44	Figure 27. Tables and Chairs Set Up Inside Andrew Shin Laundry [Drawing].	50	Figure 37. Te Whau Pathway [Render]. From <i>Te Whau Pathway</i> , by Jasmax, n.d, New Zealand Institute of Landscape Architects (https://nzila.co.nz/showcase/te-whau-pathway).	62
Figures 9-11. Connections to more-than-human entities from Avondale [Photograph].	35			Figure 28. Avondale Location Map [Map].	53		
Figure 12. Tāmaki Makaurau Landscape Map [Map].	37			Figure 29. Te Wai Whau [Photograph]. From <i>Cooperation goes a long way – all along the Whau River</i> , 2013, Bike Auckland (https://www.bikeauckland.org.nz/cooperation-goes-a-long-way-all-along-the-whau-river).	54		
				Figure 30. Avondale College Students Plant Seedlings [Photograph]. From <i>Students from Avondale College, Auckland, planting seedlings during a horticulture class</i> , 1948, Alexander Turnbull Library (/records/22888199).	55		

Figures 38 & 39. Canal Road Protests [Photograph]. From <i>Protesters turn out before dawn to save 100-year-old native trees</i> , by D. Cook, 2020, Radio New Zealand (https://www.rnz.co.nz/news/national/426164/protesters-turn-out-before-dawn-to-save-100-year-old-native-trees).	63 & 64	Figure 46. Māori Place Names in the Whau [Map].	73	Figure 57. Catalogue of Best Practice Page 4 [Illustration].	86	Figure 72. A Haus Tambaran in Papua New Guinea [Photograph]. From <i>Architecture of an ocean</i> , by M. Austin, 2021, Architecture Now (https://architecturenow.co.nz/articles/architecture-of-an-ocean/).	105
Figure 40. Making Space in Dalston 3 Principles [Diagram]. From <i>Making Space in Dalston</i> , by (p. 18), by J&L Gibbons & muf architecture/art, 2009, Issuu (https://issuu.com/mufarchitectureartllp/docs/making_space_big/45).	67	Figure 47. Whau Ecologies Map [Map].	74	Figure 58. Catalogue of Best Practice Page 5 [Illustration].	87	Figure 73. A Fale in Samoa [Photograph]. From <i>A field guide to the architecture of the Pacific</i> , by J. Mann, 2017, Architecture Now (https://architecturenow.co.nz/articles/architecture-of-the-pacific/).	105
Figure 41. Dalston Eastern Curve Garden [Photograph]. From <i>Dalston Eastern Curve Garden</i> , by S. Blee, n.d., J&L Gibbons (https://jlg-london.com/Dalston-Eastern-Curve-Garden).	67	Figure 48. Archigram's Instant City [Photomontage]. From <i>Archigram Archives</i> , by P. Cook, 1969, Archigram (https://www.archigram.net/portfolio.html).	76	Figure 59. Overview of Thesis. [Diagram]	89		
Figure 42. Avondale Initiative Map [Map].	69	Figure 49. Superstudio's Continuous Monument [Photomontage]. From <i>Architects Dreaming of a Future With No Buildings</i> , by Superstudio, 1969, The New York Times (https://www.nytimes.com/2021/02/12/arts/design/superstudio-civa.html).	77	Figure 60. The Big Gesture [Diagram].	90		
Figure 43. Avondale Sunday Market Map [Map].	70	Figure 50. Tatiana Bilbao's Diversity [Photomontage]. From <i>Tatiana Bilbao Estudio reveals a greenery-swathed residential development for Quito, Ecuador</i> , by Tatiana Bilbao Estudio, n.d., The Architect's Newspaper (https://www.archpaper.com/2021/10/tatiana-bilbao-estudio-reveals-a-greenery-swathed-residential-development-for-quito-ecuador/).	77	Figure 61. Hui Kōrero Site Plan [Digital drawing].	92	Figure 74. Ground Floor Plan [Digital drawing].	106
Figure 44. Casa Familiar Conflict Diagram [Diagram]. From <i>Casa Familiar: Living Rooms at the Border and Senior Housing with Childcare</i> , by Estudio Teddy Cruz, n.d., MoMA (https://www.moma.org/interactives/exhibitions/2010/smallscalebigchange/projects/casa_familiar.html).	71	Figures 51 & 52. Early Mobile Intervention Concepts [Photomontage].	79	Figure 62. Programmatic Brief of Hui Kōrero - First Floor [Digital drawing].	95	Figure 75. First Floor Plan [Digital drawing].	108
Figure 45. Coates Avenue Subdivision [Map]. From <i>North Auckland land district. No. 134 : Orakei, garden suburb</i> , by H. E. Walsh, 1935, Auckland Museum (https://www.aucklandmuseum.com/collections-research/collections/record/am_library-catalogq40-8492?k=subdivision%20auckland%20map&ordinal=1).	72	Figure 53. Iteration 3 of Permanent Architecture [Photomontage].	80	Figure 63. Programmatic Brief of Hui Kōrero - Ground Floor [Digital drawing].	97	Figure 76. Working Model Frame 5 [Photograph].	110
		Figure 54. Catalogue of Best Practice Page 1 [Illustration].	83	Figure 64. Conceptual Form Models [Photograph].	98	Figure 77. Working Model Frame 6 [Photograph].	111
		Figure 55. Catalogue of Best Practice Page 2 [Illustration].	84	Figure 65. Iteration 4 of Permanent Architecture [Photomontage].	99	Figure 78. Working Model Frame 7 [Photograph].	112
		Figure 56. Catalogue of Best Practice Page 3 [Illustration].	85	Figure 66. Hui Kōrero Axonometric [Digital drawing].	100	Figure 79. Working Model Frame 8 [Photograph].	112
				Figure 67. Working Model Frame 1 [Photograph].	102	Figure 80. Tunnel House of Hui Kōrero [Digital drawing].	113
				Figure 68. Working Model Frame 2 [Photograph].	103	Figure 81. Aerial View of a Polytunnel House at OMG in Auckland [Photograph]. From <i>Yes that is a farm in the middle of Auckland</i> , by C. McKeen, 2019, Stuff (https://www.stuff.co.nz/life-style/homed/garden/118231012/yes-that-is-a-farm-in-the-middle-of-auckland).	113
				Figure 69. Working Model Frame 3 [Photograph].	104		
				Figure 70. Working Model Frame 4 [Photograph].	104		
				Figure 71. Roof Structures of Hui Kōrero [Digital drawing].	105		

Figure 82. Inside a Polytunnel House [Photograph]. From <i>Polytunnel</i> , by Bobzemuda, 2010, Wiki Commons (https://commons.wikimedia.org/wiki/File:Hoop_house.jpg).	113	Figure 101. The Boat at West End Rowing Club [Digital drawing].	142	Figure 114. Mobile Kitchen How-to 1 [Diagram]. From <i>Public Kitchen</i> (pp. 30-31), 2012 (https://static1.squarespace.com/static/53c7166ee4b0e7db2be69480/t/5f84df3a31c3aa5081e353a0/1602543424381/Public_Kitchen_zine_final.pdf).	169	Figure 120. Iteration 1 of Permanent Architecture Exterior [Photomontage].	174
Figure 83. Landscape Plan [Digital drawing].	114	Figure 102. New proposed wharf at The Urban Room [Digital drawing]. Adapted from <i>The Urban Room: Threshold placemaking at Te Wai te Whau</i> (p. 92), by R. Burgess, 2021, AUT Tuwhera (https://openrepository.aut.ac.nz/handle/10292/15003).	143	Figure 115. Mobile Kitchen How-to 2. From <i>Public Kitchen</i> (pp. 32-33), 2012 (https://static1.squarespace.com/static/53c7166ee4b0e7db2be69480/t/5f84df3a31c3aa5081e353a0/1602543424381/Public_Kitchen_zine_final.pdf).	169	Figure 121. Iteration 1 of Permanent Architecture Interior [Photomontage].	175
Figure 84. Landscape Section [Digital drawing].	117	Figure 103. Mobile Architecture Route Map - Boat [Map].	144	Figure 116. Plan of the Dalston Eastern Curve Garden [Digital drawing]. Adapted from <i>Dalston Eastern Curve Garden 2010-2020</i> , 2020, muf architecture/art (http://muf.co.uk/wp-content/uploads/2021/09/Dalston-Garden-2010-2020.pdf).	171	Figure 122. Iteration 2 of Permanent Architecture Section [Photomontage].	176
Figure 85. Roof Plan [Digital drawing].	118	Figure 104. The Bus at The Trusts Arena [Digital drawing].	146	Figure 117. Dalston Eastern Curve Garden Pavilions [Photograph]. From <i>Dalston Eastern Curve Garden</i> , by S. Blee, n.d., J&L Gibbons (https://jlg-london.com/Dalston-Eastern-Curve-Garden).	172	Figure 123. Iteration 2 of Permanent Architecture Rain Harvest [Photomontage].	177
Figure 86. Section AA [Digital drawing].	120	Figure 105. Mobile Architecture Route Map - Bus [Map].	148	Figure 118. Dalston Eastern Curve Garden Outdoor Seating [Photograph]. From <i>Dalston Eastern Curve Garden</i> , by S. Blee, n.d., J&L Gibbons (https://jlg-london.com/Dalston-Eastern-Curve-Garden).	172	Figure 124. Design Brief First Draft [Screenshot].	178
Figure 87. Section CC [Digital drawing].	122	Figure 106. Axonometric Close-up [Digital drawing].	153				
Figure 88. Collaged Section BB [Digital drawing].	124	Figures 107-110. NZIA Student Design Awards [Photograph]. By D. St George, 2022.	156 - 157				
Figure 89. Hui Kōrero Perspective - Rooftop [Digital drawing].	126	Figure 111. Kererū Concept Map [Screenshot].	165				
Figure 90. Hui Kōrero Perspective - Waiting Edge [Digital drawing].	128	Figure 112. Kitchen On the Street [Photograph]. From <i>Public Kitchen</i> (p. 5), by K. Creedon, 2012 (https://static1.squarespace.com/static/53c7166ee4b0e7db2be69480/t/5f84df3a31c3aa5081e353a0/1602543424381/Public_Kitchen_zine_final.pdf).	168	Figure 119. Los Abuelitos Composition [Diagram]. From <i>Casa Familiar, Living Rooms at the Border and senior Housing with Childcare</i> , by Estudio Teddy Cruz, n.d., MoMA (https://www.moma.org/interactives/exhibitions/2010/smallscalebigchange/projects/casa_familiar.html).	173		
Figure 91. Hui Kōrero Perspective - Native Plant Nursery [Digital drawing].	130						
Figure 92. Hui Kōrero Perspective - Central Space [Digital drawing].	132						
Figures 93-97. Final Model [Photograph].	134 - 137						
Figure 98. The Three Waka Drawings [Illustration].	138						
Figure 99. The Bike at Eastdale Reserve [Digital drawing].	139						
Figure 100. Mobile Architecture Route Map - Bike [Map].	140						

List of Tables

Table 1. Key Future of Avondale Documents.	60
Table 2. Planting Schedule.	116
Table 3. Cerra and Crain's Matrix for Enhancing Avian Species. From <i>Urban birds and planting design: Strategies for incorporating ecological goals into residential landscapes</i> (p. 1835), by J. F. Cerra & R. Crain, 2016, Urban Ecosystems, 19(4), (https://doi.org/10.1007/s11252-016-0570-0).	166
Table 4. Enhancing Kererū in an Urban Ngahere. Adapted from <i>Urban birds and planting design: Strategies for incorporating ecological goals into residential landscapes</i> (p. 1835), by J. F. Cerra & R. Crain, 2016, Urban Ecosystems, 19(4), (https://doi.org/10.1007/s11252-016-0570-0).	166

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.

Signed
Hajung Yu

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Figure 1. Tunnel House in Section.

Introduction

The concept of ‘wellness’, opposing the word ‘illness’ to mean being well and in good health, dates back thousands of years, demonstrated by traditional ideologies of holism; a harmony between mind, body, spirit and environment (Global Wellness Institute, n.d.). For Māori, health and wellbeing is understood through the philosophy of *hauora*, a concept unique to Aotearoa that describes *taha hinengaro* (mental and emotional health), *taha tinana* (physical health), *taha whānau* (social and family health) and *taha wairua* (spiritual health). These concepts are often depicted as the four walls to *Te Whare Tapa Whā*, a model that metaphorically describes our lives as a *wharehau* or meeting house (Health Navigator, 2022). The *wharehau* is then rooted in the *whenua* (the land) as the foundation that supports each pillar. As Aotearoa shifted towards more Western-centric governance through processes of colonisation, ideas around health have been primarily influenced by the hospital, shifting how we interact with healthcare towards a more paternalistic system. Recently, the Covid-19 pandemic drastically changed our quotidian lives, prompting us to reflect on how our health and wellbeing is being considered outside of hospital intervention—through healthier urban environments.

This thesis, *A Local Place For Hauora: An Enmeshed Architecture within the Interconnections of Everyday Life*, narrows down these large-scale, global notions to within the framework of a local urban environment—particularly the neighbourhood of Avondale in Tāmaki Makaurau West Auckland. Initially unfolding as a critique of the public healthcare system, the research is supported by the statement and question, ***in the context of our current healthcare system and local initiatives, “How can we enhance the opportunities that lie in an ‘enmeshed spatiality’ of health through connecting with the ecologies of the local environment?”*** While conducting this research, several issues with the current public healthcare approach were highlighted, including inequities in health provision to communities, the top-down institutional approach and the promotion of the hospital building as the “campus of health”.

The thesis then synthesises this research and grounds it into an architectural outcome, seen as a supportive approach to improved public healthcare. The architecture tests how the *hauora* of Avondale might be strengthened through various spatial interventions within the sites of everyday life. These architectural propositions play with both the fixed and temporal, first with *Hui Kōrero*, a permanent building located between *Te Hono* (the combined library and community centre soon to be constructed) and the Avondale Racecourse. The building assembles an eclectic programme of kitchen, *hangi* pit, vegetable gardens, plant nursery, bike and tool workshop, shared office, health clinics, barbershop, *raranga* space and beehive towers. Through fluctuating single and

double height spaces and a loose L-shape form, the building generates swelling ‘pocket and edge’ spaces, facilitating informal collective activity, conversation and mahi. In the uncertain future of the racecourse, an urban ngahere is proposed to envisage how this expanse of green can be used to regenerate kererū and native trees in the neighbourhood. Second, the design of the *Three Waka*—mobile interventions that include a bike, boat and bus—prompts the potential for health to be distributed outwards into the community, through different modes and scales. This combined proposition generates a speculative re-imagining of what an “enmeshed architecture” for health means in Avondale, and findings include specific spatial forms, approaches to understanding health as an event and a personal orientation to better understanding tikanga for my ongoing practice.

Thesis outline

Chapter 1: Healthcare in Aotearoa describes the historical background of traditional rongoā Māori medicine and then the introduction of Western-centric agendas, leading to our current healthcare system. The new *Te Whatu Ora/Health NZ* and the *Te Aka Whai Ora/Māori Health Authority* system is politically debated, pushing the idea that more alternative, radical ways of health need to be investigated. This is addressed by looking at our local health and wellbeing initiatives, bringing a different perspective of health provision and beginning to engage with ‘bottom-up’ tactics for wellbeing.

Chapter 2: Locating My Research makes sense of the contextual study. I redefine local health and wellbeing initiatives as “local connected care” and begin to use this definition to spatialise it within other health provisions. Leading my research beyond the hospital system, through an investigation of public health, I specifically study the Costa Rican EBAIS model as a successful precedent of health that merges a government-based health system with local, dispersed care. This chapter concludes with a realisation that the social aspect of health is highly significant to good wellbeing in the local place.

Chapter 3: Enmeshment: Thinking Relationally About the More-Than-Human, Knowledge Sharing and Local Agency is where I formally introduce and expand on the idea of *enmeshment*, an encompassing term delineated by three nodes of research: mauritanga; hybrid research collectives; and agency in the social-local. The term enmeshment is initially borrowed from Amanda Yates and her discussion of mauritanga and being with our more-than-human entities. I then research ‘hybrid research collectives’ as an enmeshment between professional and local that is highly valuable to the co-creation of new knowledge. Finally, the enmeshment of spatial agency in the local is explored, through the use of social spaces as sites for agency supporting wellness.

Chapter 4: Avondale, Tāmaki Makaurau, Auckland establishes the site of Avondale, described through its past, present and future, from its historical context of Māori settlements along Te Wai Whau to today’s cultural diversity. The present is recognised as a time of serious intensification for Avondale, and I point out that such developments are of great concern to the neighbourhood’s future.

Chapter 5: Methods To Understand Place discusses the methodologies of this design research. The muf architecture/art approach of valuing, nurturing and defining place is employed as an overarching framework for my project. This is carried out firstly by mapping, used to represent complex relationships and ‘value what is there’. Secondly I employ photomontage as a crucial iterative and design thinking tool to ‘nurture the possible’ and begin to ‘define what is missing’.

Chapter 6: Design Operations establishes a deeper understanding of the operative functions of my proposal, through Māori tikanga and other garden/kai/body-related protocols. This knowledge is accumulated through the production of a “Catalogue of Best Practice”, informing the programme of my design as well as my own future practice.

Chapter 7: Grounding the Research: Design Proposal encapsulates the previous research into final architectural outcomes. The specific site of my permanent architecture and routes of my mobile interventions are located. Further examples of iterative design work are shown before the final proposition is presented.

Chapter 8: What Did I Find? is the final chapter of this thesis, where I outline four key findings. The first three findings explain the discoveries surfaced from the research itself; including the spatial agency of event-based health, the significance of my methodologies and the notion of informal local architecture. In the fourth finding I reflect on the thesis as a whole, describing new-found tools for personal practice.

Positionality and research motivations

I am a first-generation immigrant, the eldest daughter of three sisters, descended from two first-generation immigrants from South Korea who landed in Tāmaki Makaurau, Aotearoa, in December, 2000. I was only five months old when I flew across the Pacific Ocean. Although my ancestry and extended gajok (가족) / family reside in South Korea, I have always called Aotearoa my home. My mum lived in Seoul (서울시), now an ultra-metropolitan city in Asia and my dad is from Mokpo (목포시), a port city whose name describes it as being “the throat” to the Yellow Sea.

My main encounters with hospitals occurred when my mum was waking up from

her cervical cancer surgery, when my youngest sister was born and when my middle sister dislocated her shoulder. Strangely, I always found that the hospital—very much the institution of health and illness—never left a major impression on me. Instead, it is the memories of the traditional Asian practices performed on my sister to get better, my grandma flying from Korea to raise my baby sister after birth, and the weeks of healing my mum had to endure to gain her strength. These experiences peel away at the outermost layers of what this research more deeply investigates; health as a way of living. Through this project, I aim to propose a place that fosters whānau and social connections, respects alternative health and wellbeing, and is in tune with the planet’s health for future generations (human and more-than-human) as we approach the tipping point for our climate.

This thesis has permitted me to temporarily migrate into the context of a new neighbourhood and site, Avondale, to learn from what it teaches me about its local self, which is different from my neighbourhood. In the past two years of my education, I have been taught complex cultural lessons about architecture in Aotearoa. Here I acknowledge that I am an advocate of Te Tiriti o Waitangi, who envisions a greater partnership between te ao Māori and the practice of architecture.

Inhabiting all of these motivations, I undertake this research in the hope that it will attach itself as part of the disruptions to our normative practices in both how we view our wellbeing and our city.

Chapter 1:

Healthcare in Aotearoa

Chapter 1 investigates how the healthcare system has operated in our nation over time (Figure 2), as part of a highly complex social, cultural, personal, political, economic and technological area. This analysis begins with a historical perspective, from traditional rongoā Māori medicine into how government reforms have changed healthcare structures. The positioning of Te Tiriti o Waitangi acknowledges its impact on systematic colonial processes and identifies its obligations around kawanatanga (governance) and rangatiratanga (self-determination) for Māori hauora. Co-governance in a health system are seen as contentious, as made evident by the recent debates regarding the current dual *Te Whatu Ora/Health NZ* and *Te Aka Whai Ora/Māori Health Authority* system. These political tribulations contrast the final section of this chapter, which informally investigates Tāmaki Makaurau’s local health and wellbeing initiatives. These explore the idea of health not as a heavily dictated top-down system, but as temporal, collective and social. While seemingly over-expansive, it is essential in this first chapter that the vastness of such context is thoroughly understood to position my research and design project at a more focused scale.

Traditional Māori medicine and the effect of colonisation

Before colonial settlement in Aotearoa, rongoā was used for Māori healing. Rongoā Māori is a system of healthcare passed down orally through elders, primarily based on wai rākau (plant-based) remedies, but also includes massages, steam baths and spiritual healing (Jones, 2007a; Voyce, 1989). The Māori perspective on illness is highly spiritual, entirely connected to the te ao Māori worldview that, as kaitiaki (guardians) of the earth, sickness is a symptom of a disrupted relationship between us and nature (Voyce, 1989). In modern socio-cultural development, medicine in Aotearoa has become highly linked to European imperialism through religion, science and Euro-centric attitudes. The introduction of infectious diseases and subsequent population decline (Ellison-Loschmann & Pearce, 2006) facilitated by country’s colonisation meant that rongoā practices struggled to fight foreign diseases. Perceived as ineffective by Pākehā, rongoā was discouraged by Christian missionaries (Jones, 2007b), who instead promoted the more ‘established practice’ of their “physico-chemical” (Voyce, 1989, p. 99) medical intervention.

Colonial activities heightened at the time of the signing of The Treaty of Waitangi, and the following actions and land loss greatly impacted the regulation of rights for Māori. These subsequent legislations—which would form healthcare policies—were based on a British system introduced with the first missionaries (Dow, 1999). However, despite the historically unsteady enforcement of the Māori translation of Te Tiriti o Waitangi, its original obligations continue to be the “primary mechanism” (Ellison-Loschmann & Pearce, 2006, p. 613) that Māori use to advocate for their rights. Holding significant value when it

comes to access, treatment and equity, it is imperative that the healthcare sector continues to reference this framework for the good hauora of all citizens.

Tohunga suppression

The nation’s first four public hospitals opened in the mid-1800s; however, Māori were mistreated in this health system (Dow, 1999). Doctors in urban areas were unwilling to provide healthcare to Māori in remote areas, which in times of poor housing conditions and the measles epidemic, led to very minimal assistance from the government (Voyce, 1989). During a time of increasing desire for Western-centric reforms in the New Zealand government, tohunga (priestly experts who perform rongoā Māori) were critiqued for engaging in witchcraft-like practices (Voyce, 1989). As a result, the Tohunga Suppression Act 1907 was legislated to protect Māori against this ‘unsafe’ provision of healthcare. Despite the very few legal prosecutions under the Act, its leading consequence was the stifling of rongoā Māori practices, keeping this knowledge under secrecy (BPAC NZ, 2008a). The challenging of this traditional wisdom was later recognised as violating Te Tiriti, and the Suppression Act was repealed in 1967 (Jones, 2007b).

Western-centric agendas and system reforms

As the country rapidly developed in the mid-late 20th century, public hospitals were overwhelmed by the number of patients, driving the development of the private healthcare system (Quin, 2009). The inconsistencies in healthcare quality and inequality that arose gave impetus to the first revision of the public system in 1983. Between

then and 2001, there have been four major reforms in healthcare policy and government structure, shifting between the centralisation and decentralisation of healthcare (Williams, 2020).

In 2022 (while this research was being carried out), structural shifts saw the 20 locally-governed DHBs and 30 Primary Health Organisations merge into one entity, *Te Whatu Ora/Health NZ* (Quinn, 2021). A new *Te Aka Whai Ora/Māori Health Authority* sits alongside Te Whatu Ora to inform specific health strategies and approaches for iwi Māori. It is proposed that a more straightforward and streamlined system will mean that the hauora of people remains at the core of healthcare (DPMC, 2021). Additionally, eliminating

multiple funding bodies envisions increasing flexible, community-responsive agendas for local primary care services.

Current political controversies

These reforms take place amid the Covid-19 pandemic. The surge of patients admitted to our hospitals placed unprecedented strains on centralised healthcare services, including nurse resourcing and delays in other serious treatments (“NZ health system”, 2022). Inequities in Māori health statistics were more clearly revealed during this time (Megget, 2022). The repeated nationwide lockdowns also served to expose huge social isolation and lack of connectivity between neighbours.

The introduction of Te Aka Whai Ora has caused further debate. Moana Maniapoto and Chris Luxon’s¹ (2022) conversation around the co-governance model of community, primary and kaupapa Māori health services voiced some of the critical disputes. Luxon rejects the ‘dual system’ and fears increased bureaucracy, arguing for a single governance model. This model, which Maniapoto calls one of assimilation and “tweaked ad nauseam” (Maniapoto & Luxon, 2022, 10:40) over the past four decades, is refuted by her as lacking power to make radical changes to Māori health outcomes. Forming a separate health entity is supported by multiple Māori experts (for example the Māori Health Advisory Group) as a reappraisal of Te Tiriti o Waitangi frameworks. Although a more fulsome inquiry into the political stances of such an issue lies

outside the scope of this thesis, it must be considered. The research argues that radical changes need to occur to reduce inequities across Aotearoa for the future of its healthcare—despite where the contentious territory lies.

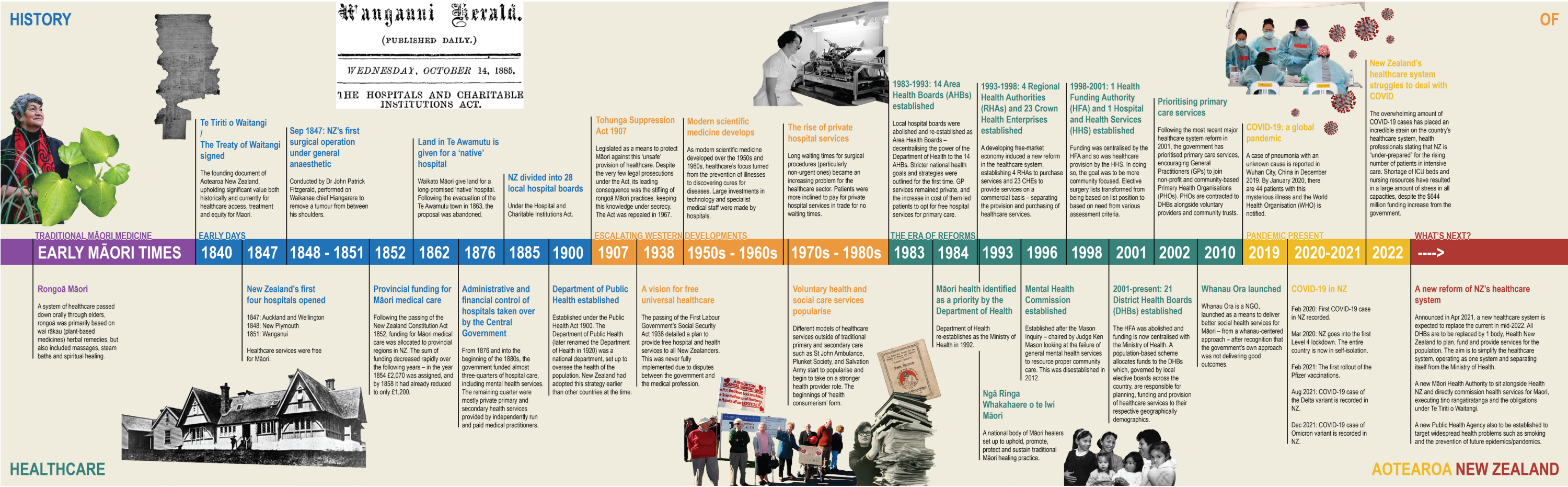


Figure 2. Illustrated Timeline of Healthcare in Aotearoa.

¹ Moana Maniapoto is a New Zealand singer, journalist and documentary-maker; at the current timing of this research, Chris Luxon is the leader of the National Party.

Local health & wellbeing initiatives

To investigate a broader outlook of healthcare provisions, I found guidance instead in following this top-down systemised idea of health as a ‘way of living’. I sought out a series of initiatives around Tāmaki Makaurau that exemplified how communities chose to take care of their hauora. These initiatives, which exist on the local scale, engage with the proximity of neighbours, whānau or a cultural group and act as a method of promoting collective wellbeing. These initiatives are primarily established through a shared desire for change and the belief that community participation is the key to eliciting a much more robust response to that change.

Local initiatives prove that health does not have a typical ‘look’ (Figure 3). Some initiatives I investigated had a more candid approach to improving one’s physical health. For example, the *Walking Samoans* organise neighbourhood clusters to target the on-set risks of obesity by adopting walking as a regular method of easy, free exercise. Integrating physical exercise with socio-cultural connection helps incentivise the programme and ensures that a support network is assembled to sustain ongoing commitment (Radio Samoa, n.d.). Other initiatives improve physical health through food, such as the *Papatoetoe Food Hub*. Tackling the increasing issue of food security by providing access to more healthy kai, the Food Hub rescues surplus food from supermarkets and sources with community gardens to provide nutritious meals at a more affordable and sustainable cost (Papatoetoe Food Hub, n.d.).

Health can also be achieved through advocacy and learning. *Tuia Te Papa* was established for rangatahi (youth) to strive for justice in their environments, empowering self-determination

to take charge of one’s hauora through kōrero (conversation) and action. Examples include *Tuia Te Papa*’s self-initiated rally *Our bodies, our choice!* which advocated for the Abortion Legislation Bill to pass in 2020 (*Tuia Te Papa* Facebook, n.d.). On a different scale, the charitable trust *For The Love of Bees* focuses on regenerative horticultural practices, giving life to these ambitions through a series of ‘Horticulture 101’ workshops, modelling small-scale regenerative farms and advocating for bee welfare (*For The Love of Bees*, n.d.). The initiative embodies the idea that holistically healing environments create healthier ecosystems, so our communities and people can heal better.

Rodriguez et al. (2017) point out that the current medical health model is highly individualistic; this can be most glaring in the implementation of government public health initiatives such as tackling the obesity issues in

These initiatives, which exist on the local scale, engage with the proximity of neighbours, whānau or a cultural group and act as a method of promoting collective wellbeing.

Māori and Pasifika communities. Here individualised messaging to “change their eating patterns” (Rodriguez et al., 2017, p. 195) does not work. Not only is there another broader issue of health literacy at play, but suggestions like these fail to acknowledge the difficulties in changing these habits in the context of extended whānau. In a case like this, it must be asked if the desired results could be more successful if this public health issue was first engaged within the community and established as an initiative—which instances such as the *Walking Samoans* depict. These considerations additionally stress the significance of growing health initiatives from the grassroots within the community.

The healthcare system has perhaps become swallowed up in a thick colonial, racist and market-driven whirlwind. In the process, essential values of Aotearoa, such as Te Tiriti o Waitangi, have been disregarded, only to struggle with attempts for its reappraisal today. While one might feel bogged down in trying to locate input in this centralised entity, this research suggests that health encompasses many definitions outside the hospital. The few examples mentioned in this chapter display the variety of what improving hauora can look like—whether that be of a person, community or environment. It is also essential to recognise how localised these initiatives are and what sort of presence they take up in the community. They are not treated in a sterile environment but rather in one of familiarity and manaakitanga, experienced down the street and shared with neighbours. Because of this, they flourish most when there is a strong collective mindset. This discovery is key for the rest of the thesis.



Figure 3. Local Wellbeing Initiatives Around Tāmaki Makaurau. Collaging them together, I almost imagine these smaller, grassroots initiatives as one large operation within the city, working holistically for greater wellbeing.

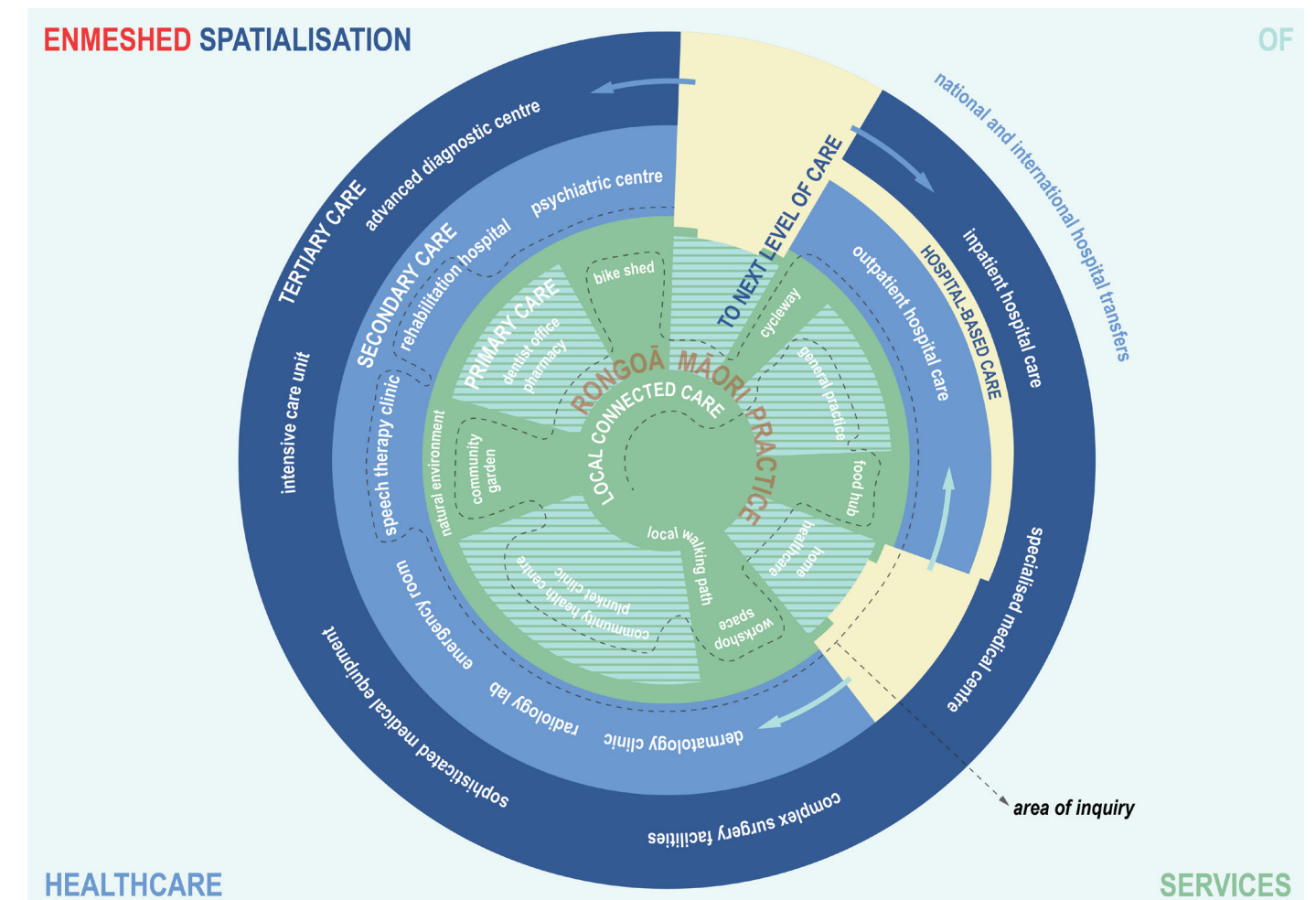
Chapter 2: Locating My Research

As different perspectives of health provision are established, I set out to locate the area of inquiry for my thesis. This objective is conducted by situating local health and wellbeing initiatives within the broader primary, secondary and tertiary care definitions. Recognising that I am drawn towards working in the public space, the research focuses on public healthcare, and its operation in Aotearoa is compared alongside a case study of Costa Rica's EBAIS system, which successfully distributes public healthcare throughout the local area.

Finding my area of inquiry

At this point in the research, following a comprehensive contextual study of healthcare and local initiatives, I redefine local initiatives as “*local connected care*”, the innermost ‘core’ of healthcare delivery (Figure 4). Here is where I concentrate my research, establishing an area of inquiry for the work to follow. At this speculative core, the spatialisation between the healthcare system, health as a ‘way of living’ and rongoā Māori notions starts to become considered through an enmeshed form of distinct ideas. The term *enmeshed* describes the holistic engagement of bringing different entities and ideas into one by recognising the linkages between their networks. This term is discussed further in Chapter 3, where I speak of mauritanga, ‘hybrid research collectives’ and socio-spatial agency, and conceptualised through my design proposal.

Figure 4. Locating My Research in an Enmeshed Spatialisation of Healthcare. The dashed line maps out my area of inquiry for this research between local connected care, primary care and slightly secondary care.



Interestingly, in thinking about how I might spatialise connected care, I have realised that it is not that simple. Local health initiatives—although often requiring physical spaces to host people and activities—are not building-based; instead, they are more *place-based* or *event-based*. For example, in the case of the *Walking Samoans* (a group encouraging healthy living in the Auckland-based Samoan community through walking), the initiative is dependent on no specific space. It is the course of collective traversing—nurturing motivation, support and safety—within the urban environment that it relies on to be successful. In most of the initiatives I investigated, instead of a building dictating the event, it directed locals to a required place, such as a community garden for a planting day or a local gymnasium centre for a sports game. Less dependency on the necessity of a particular physical site in these initiatives makes interpersonal connections key to their operations. This observation is the first instance of questioning how a normative, fixed site might be horizontally dispersed within an area.

Beyond the hospital: Public health

By spatialising wider healthcare provision and locating my research, the disruption between public health and our top-down systems is continually recognised. In Aotearoa, the integration of public health with hospital healthcare have not operated easily alongside each other, although there have been some positives, such as bringing primary care services to more Māori-engaging spatial settings such as churches and marae (Goodyear-Smith & Ashton, 2019). In recent years, however, the increased lack of coordination between healthcare professionals, cost of services and geographical access has

proved to be an obstacle to healthcare equity, specifically for Māori and Pasifika communities (Kerridge, 2018).

Healthcare inequities have been evident in the Covid-19 response to vaccination delivery. Māori and Pasifika had much more difficult access to local clinics, and government-implemented schemes such as contact tracing were not as effective for these populations (Megget, 2022). Although measures such as close monitoring and evaluations of communities are considered beneficial solutions, the equity gap raises questions about why it struggles to work for some and not others. Unanticipated and even intrusive tactics thrust upon specific communities could potentially be the reason, particularly when employed without building strong social foundations. Whanaungatanga-centred initiatives during the pandemic were a key example of how connected approaches were critical to the success of public health outcomes. Vaccination events such as the ones organised by *Te Whānau o Waipareira* in Henderson, Tāmaki Makaurau, specifically supported an increase in Māori vaccination rates through a move as simple as employing frontline staff from the local region (Figure 5). Doing so fostered instant familiarity and safety in the treatment of vaccination-hesitant community members (Triponel, 2022). Welcomed by coffee and kai, Māori were encouraged to bring their whānau to a day-out event to stadiums and community centres rather than a nerve-wracking experience of queues and impersonal interactions at medical clinics. The success of such initiatives is rooted in close kinship and trust; instead of intimidating government mandates, it became a meaningful conversation and mutual understanding between relatives.

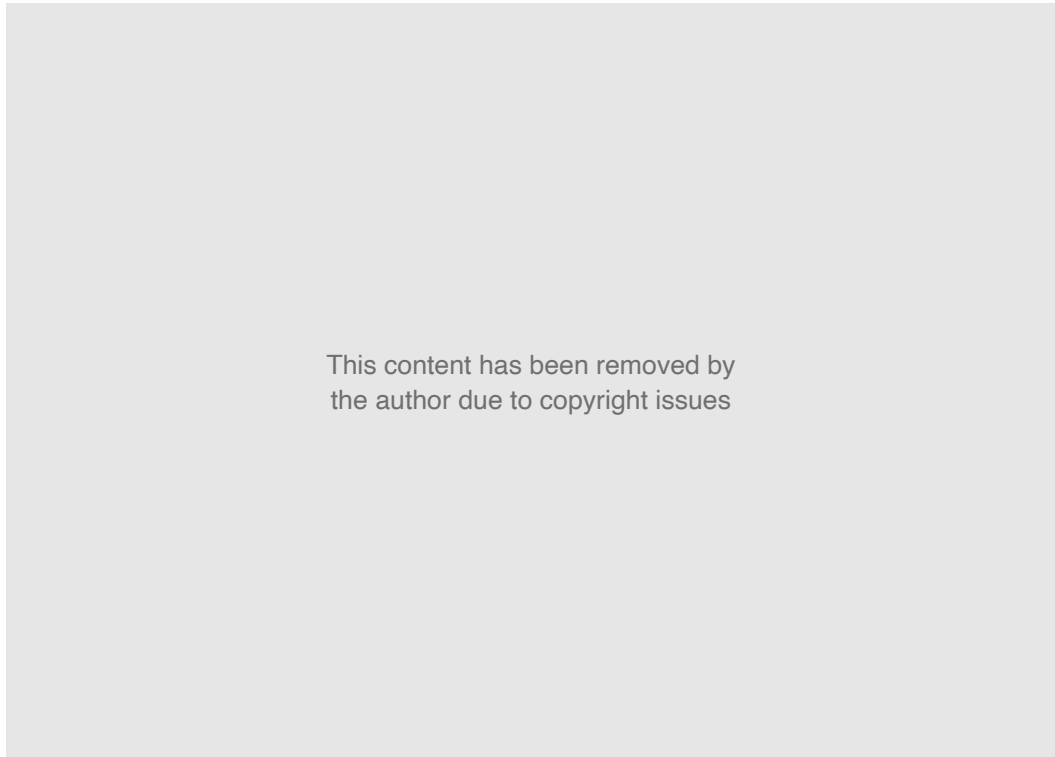


Figure 5. Te Whānau o Waipareira Crew and Their “Vax Van”.

Costa Rica EBAIS model

In a highly successful model of proactive community healthcare, Costa Rica’s primary care system can provide a lesson on how public health can be fundamental to delivering health services. Pesec et al. (2017) describe a national reform of Costa Rica’s healthcare system in 1994, where their Ministry of Health, which primarily overlooked public health services, merged with *Caja Costarricense de Seguro Social* (CCSS), which had a more significant focus on curative-care, forming the EBAIS system. The Costa Rican plan was implemented with a firm grounding of three other reforms alongside: multidisciplinary teams, geographic empanelment² and reliable data feedback loops (Figure 6). In other words, the vision to merge was supported by new primary care teams, citizen enrollments and

continuous patient-data exchanges—so much so that the average life expectancy of Costa Rica has surpassed that of the United States (Gawande, 2021).

Multidisciplinary Equipo Básico de Atención Integral en Salud (EBAIS) teams consist of a doctor, nurse, community health worker and a medical clerk, comprising singular care delivery units situated in accessible, localised sites (Pesec et al., 2017). The community health worker is responsible for visiting each enrolled citizen at their own home, building up closeness deeper than a typical patient-doctor relationship. What is commonly viewed as a transactional relationship between patient and doctor becomes one that is more like close friends or neighbours. Unlike the traditional reactive role of top-down healthcare services where patients must make the first contact, this system does the inverse, contacting patients first and distributing care—even if that means the healthcare staff arrive by boat or horse to reach the most remote residents (Gawande, 2021).

²Geographic empanelment describes a system where all patients in Costa Rica are assigned to an EBAIS team in their local health area.

Personal involvement from health professionals creates opportunities for them to ‘connect the dots’ of public health issues within their scope of citizens. Gawande (2021) retells the experiences of physician Carolina Amador, whose staff recognised groups of locals with similar health problems such as poorly managed diabetes. Identifying these clusters could then initiate group programmes with other affected patients—a collectivity reminiscent of local health initiatives. Gawande explains that these group-based activities are more successful than “sporadic office visits” as patients “become a group of peers who know and encourage one another” (para. 63). Exchanges of collective knowledge such as this is critical to the success of the EBAIS system, where the hierarchy between doctor and patient is reversed to one where the two can learn from each other.

There is beauty in the simplicity of Costa Rica’s concept that better healthcare comes from being connected to the people. By stepping away from the idea of the institutional hospital, I have discovered how fundamental social relationships are to increase hauora. Social relationships foster familiarity, closeness and whanaungatanga to deliver a type of health service that is finely tuned to the needs of people. Making these relationships central to improving wellbeing means healthcare looks less like an intimidating clinical building embedded in a contentious political system, and more like a social network where the opportunity for exchanges of ‘mutual knowledge’³ is bred. I compare this modality of knowledge-sharing between patient and health professional as part of a ‘hybrid research collective’, which is fully discussed in the following chapter.

Figures 7 & 8. EBAIS Community Health Workers Deliver Healthcare. Directly delivering care to patients’ homes on a regular basis allows the fostering of familiarity.

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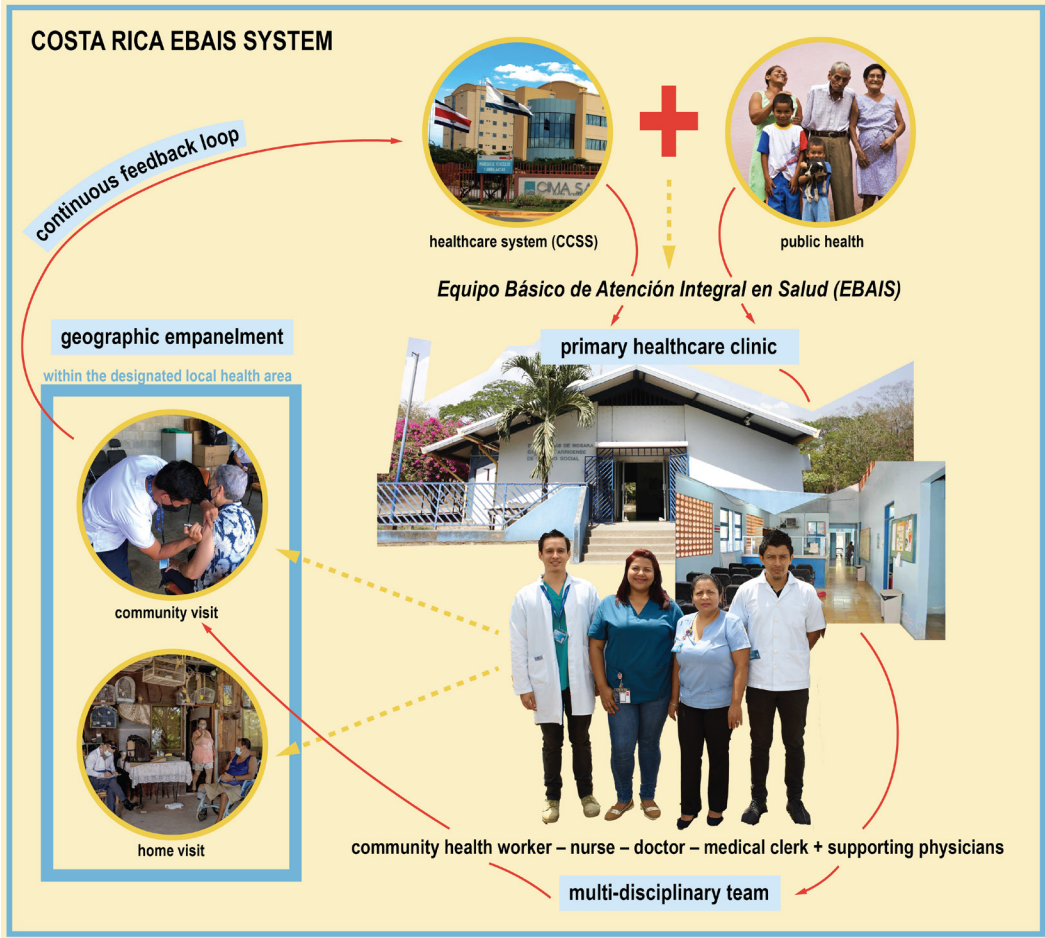


Figure 6. Costa Rica EBAIS System.

³ ‘Mutual knowledge’ is Anthony Giddens’ term used in the book *Spatial agency: Other ways of doing architecture* by Awan et al. (2011).

Exchanges of collective knowledge...is critical to the success of the EBAIS system, where...doctor and patient...can learn from each other.

Chapter 3:

Enmeshment: Thinking Relationally about the More-Than-Human, Knowledge Sharing and Local Agency

My research is underpinned by three philosophical concepts, steered by *enmeshment*. The encompassing concept is utilised to further the relational idea that we operate in an interconnected world. The term ‘enmeshment’ is initially borrowed from Amanda Yates (2021), who describes wider enmeshment between ourselves and the natural world as **mauritanga**, rejecting Western binaries of animate/inanimate beings. In this design research, such an expansive idea is narrowed down through the enmeshment of knowledge between the top-down and bottom-up as ‘**hybrid research collectives**’ and how these can create new understandings of the world. Lastly, I research how this new knowledge can be used to create **socio-spatial agency in the local**, as the ‘place’ of enmeshment. This chapter concludes with an illustration series of social spaces in Avondale as a method to encapsulate the latter two concepts through the perspective of local experience.

Mauritanga: Being with the more-than-human

In the current global geological epoch, known as the Anthropocene, humans fail to acknowledge our impact on interconnected world assemblages through a vicious production of toxic and material excess (Yates, 2016). As living beings, we are inherently enmeshed with the wider geosphere. From the atmosphere we breathe, to the soil we grow our food in and to our buildings which rely on the Earth’s resources for construction. Acknowledging the interconnectedness between humanity and the natural world allows us to engage with the shifting ontological “understanding of ecological enmeshment as being-with or ‘becoming-with’ a more-than-human multi-entity community” (Yates, 2021, p. 109).

The notion of the ‘more-than-human’ world originates from philosopher and ecologist David Abram’s book, *The Spell of the Sensuous*, which first coined (at least in the contemporary West) the idea of an animate Earth; natural ecologies that are non-human but relationally embedded in us through our evolution. In arguing that our existence hums together with the howls of wolves, the path of fireflies and surges of waves hitting the land, Abram (1996) makes it clear that “we are human only in contact, and conviviality, with what is not human” (p. 23). Compared to



Figures 9-11. Connections to more-than-human entities from Avondale. Looking out to Te Wao Nui o Tiriwa/Waitakere Ranges from Avondale Racecourse (top), Te Wai Whau between Saunders Reserve and Avondale West Reserve (middle) and Te Ahi-kā-a-Rakataura/Ōwairaka/Mt Albert from Blockhouse Bay Road (bottom).

Abram’s understanding, Yates communicates a closer bond we humans have with our non-human entities through whanaungatanga. She aligns the concept of the more-than-human by presenting these entities—rocks, atmospheres, awa (rivers), maunga (mountains), ngahere (forests)—as literal kin to Māori. Entities such as Papatūānuku (Earth Mother) and Ranginui (Sky Father) are ancestral beings who have given birth to all things since (Kerridge, 2018). Therefore—unlike the Western counterpart view—they are very much living beings whom Māori can trace their whakapapa (genealogy) back to.

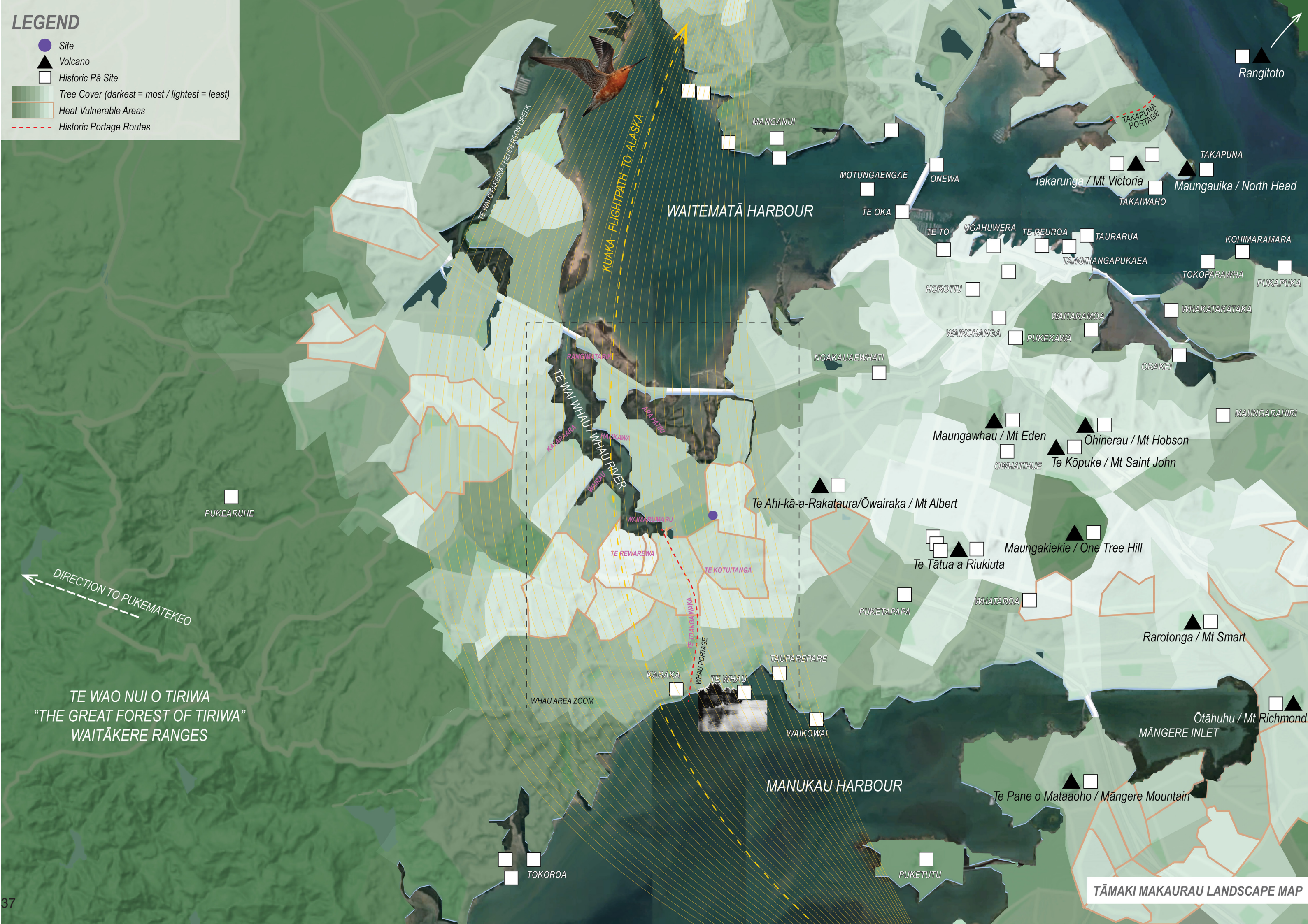
Yates’ use of *enmeshment* assists in bringing this ontological concept into the non-Māori world, allowing discourse around how we might approach health in a more holistic design process. Such a term is not needed in a te ao Māori understanding; there has always been an acknowledgement of the deep interconnections between poor health and being out of harmony with nature (Jones, 2007a). Rejecting the strict Euro-Western binaries of animate/inanimate narrates the socio-cultural-biophysical vitality of life through the concept of mauritanga, the act of enhancing our life force. Yates’ view on mauritanga makes problematic the hierarchy of Western medicine, critiquing it by arguing that our hauora and that of the Earth are symbiotic. Without her relational view, we cannot pay full attention to how better health is designed. Enmeshment between the built and natural environment can also argue for framing new spatial governance (urban planning, building, land-use legislation) models (Yates, 2021). While a physical building may not be ‘alive’, it is suggested that a holistic view of the entire landscape during spatial governance processes can draw on the inherent connectivity between all things living. How do we simultaneously live in our homes, cities and neighbourhoods and with our more-than-

human kin? In times of ecological emergency, finding ways to coexist peacefully is an urgent cause (Yates, 2021) that becomes a critical area of design to consider amongst broader ontological research.

—rocks, atmospheres, awa, maunga, ngahere—are literal kin to Māori. (Yates, 2021)

Entities such as Papatūānuku (Earth Mother) and Ranginui (Sky Father) are ancestral beings who have given birth to all things since. (Kerridge, 2018)

Figure 12. Tāmaki Makaurau Landscape Map. Volcanic cones and Pukematekeo (the ‘final hill’ of the Waitākere Ranges) are considered tipuna (ancestors) of Māori. The biophysical layer reveals information about the loss of tree cover around important historic pā sites due to the urbanisation of the Tāmaki isthmus. By drawing together this information, we begin to think relationally about cultural, more-than-human and spatial governance notions, blurring the previously set boundaries for us.

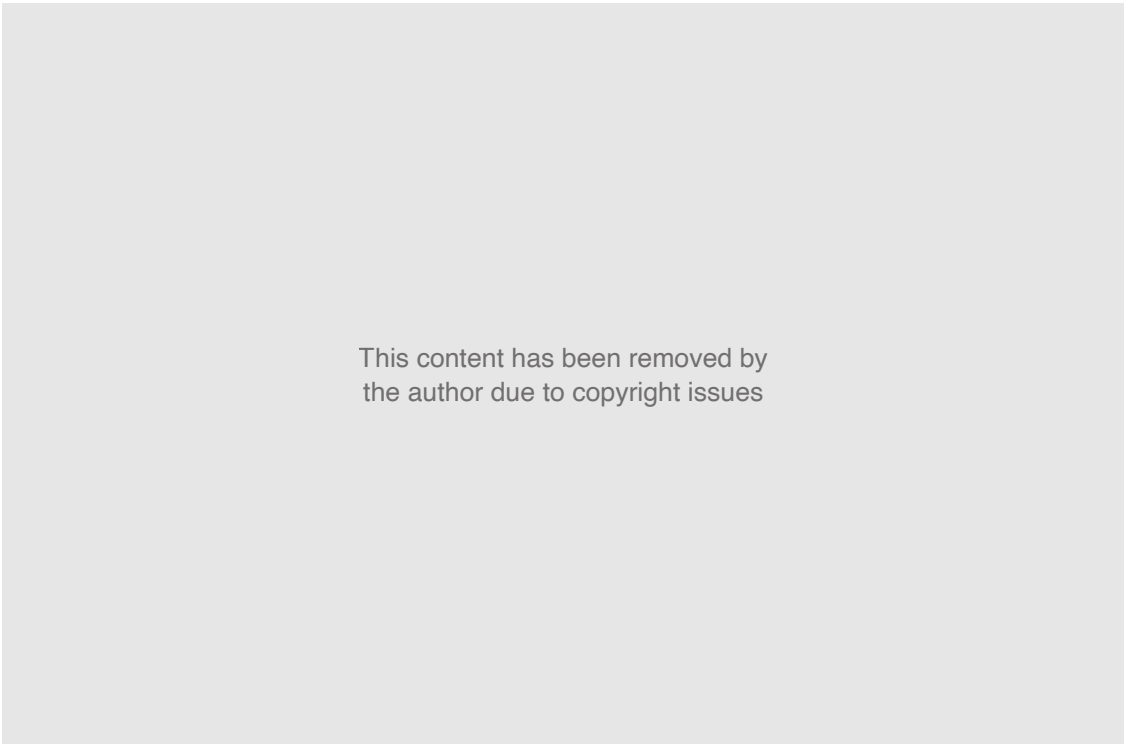


Although there is always an acknowledgment towards the complex relationships of wider more-than-human entities which surround a site, it can be difficult to understand how a single architectural proposition can engage with all parts of this complex network. One response to this dilemma is through selecting specific key entities to directly work with. Doing so allows the integration of biophysical knowledge through design outcomes to be more feasible. As a result, the pursuit of deep biophysical knowledge hopes to relationally increase the mauri of the other entities. In my design research, the kererū (*Hemiphaga novaeseelandiae*) and ngahere (forests) have been chosen as these key more-than-human entities. Kererū—a large arboreal pigeon endemic to Aotearoa—are considered a keystone species to the survival of Aotearoa’s native tree forests. They are the only species surviving that can disperse the seeds of large-fruited trees such as the karaka and taraire and are referred to as ‘gardeners of the sky’ (Science Learning Hub, n.d.). Kererū habitats

are dictated by their food sources, and the avian species prefers to settle in clusters of trees where these food sources are abundant (Awasthy, 2012). This suggests a reciprocal relationship between the hauora of both kererū and the urban ngahere’s future, and supporting the future of both these entities symbiotically supports Papatūānuku more broadly, through the rich soil ecosystems the ngāhere can produce. However, the onus of supporting this relationship is largely reliant on humans to provide opportunities for the urban ngahere to flourish, a situation which is largely contentious in the realm of Avondale’s past with native tree felling (see pp. 63-64 in Chapter 4). In order to engage with these biophysical ecologies, I developed a process of understanding and adapting an existing matrix from Cerra and Crain (2016) to learn how to design for these entities. This process is outlined in detail in Appendix A and its outcome, a landscape design, is shown in Figures 83 & 84 and Table 2 (pp. 114-117) as part of my final proposal.

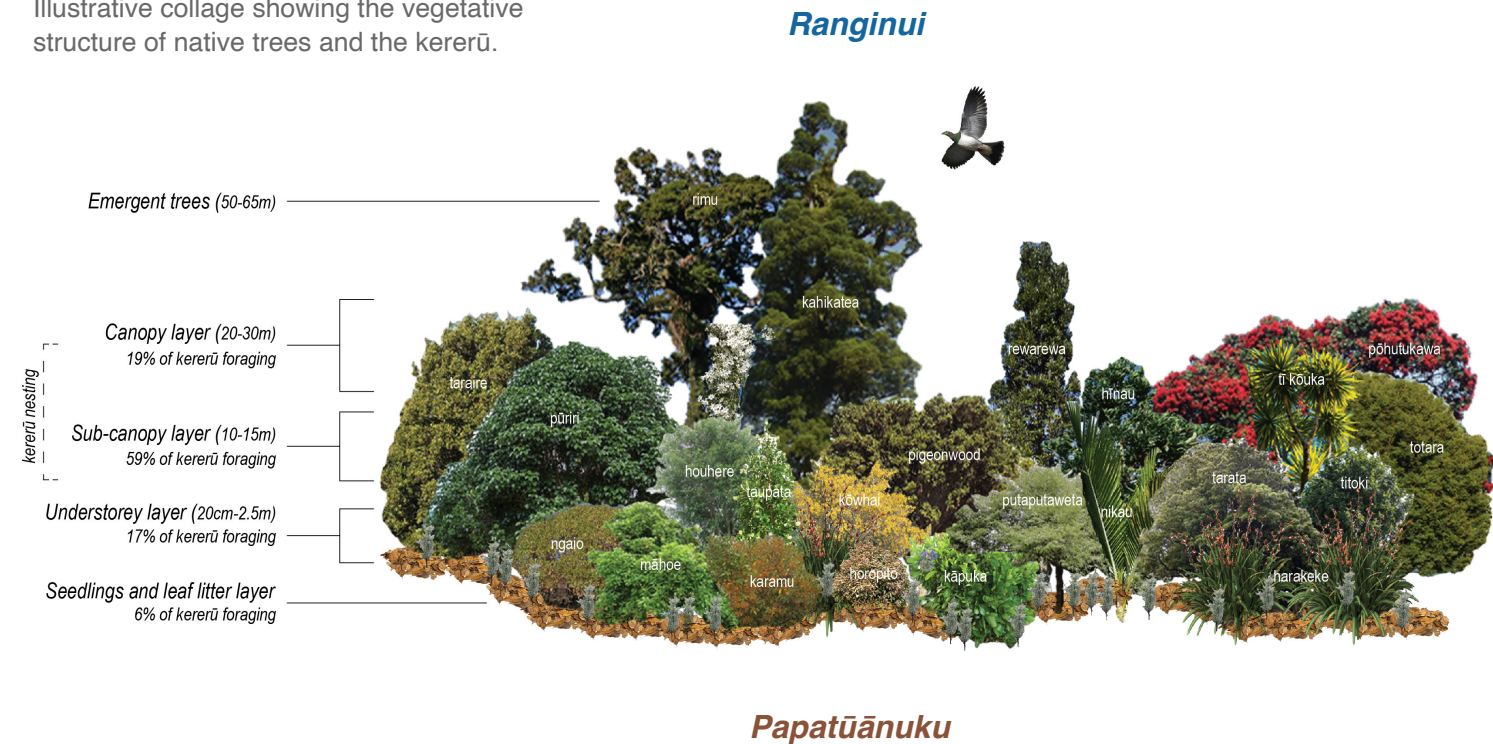
Hybrid research collectives:
Co-production of knowledge

Figure 14. EBAIS Doctor Visits His Patient at Home. The value of the EBAIS system lies in the mutual exchange of knowledge between the professional and local.



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Figure 13. Kererū and the Urban Ngahere. Illustrative collage showing the vegetative structure of native trees and the kererū.



While ecological enmeshment is one form of enmeshment between ourselves and the world, here I discuss another form that concerns research itself; “hybrid research collectives”. Borrowed from Callon and Rabeharisoa (2003), this concept describes the creation of new knowledge as one that emerges from both the ‘lab’ and the ‘wild’. The lab fosters professional knowledge, isolated from the ‘lay-person’, while the wild generates self-organised knowledge from the informal local experience. This mutual knowledge exchange is a relational idea that foregrounds an approach to understanding how communities operate. In questioning the role of the researcher and redefining the expert, I bring forward the idea of hybrid knowledge as one that collectively cultivates bottom-up information and continues to be in a tidal exchange with professional knowledge to deepen our epistemological processes.

Who is a researcher/architect/designer, and how do we define them? Are they the only ones who can produce and propagate spatial knowledge?

The gathering and dispersal of knowledge are reliant on expertise. However, this can be found through many modalities outside the ‘lab’—in my research, this could be a community garden, kayak tour or rongoā Māori practitioner. Hybrid research collectives widen their scope on the meaning of ‘expert’, welcoming those in the ‘wild’ as “experts in experiences” (Callon & Rabeharisoa, 2003, p. 194), recognising that a lived, local or contextual account of a topic is just as valuable in the culmination of research. The aforementioned whanaungatanga approach to Māori vaccinations is a clear example of understanding what ‘expert’ means in a bottom-up setting, where local Māori knew

more about their communities and how to increase vaccination rates than the health authorities in government.

Unresponsiveness to the uncertainty and nervousness that are tied to many healthcare-related activities has spatial implications in public health outreach in communities; this is overcome in the Costa Rica EBAIS model through distributed care and exchanges of mutual knowledge. These ‘solutions’ argue for the mobile aspects of my proposal, which are discussed in full detail in Chapter 7. I note that this idea of gathering and dispersing knowledge in the wild has no set perimeter where these hybrid interactions should cease. I position my three mobile interventions as an architectural attempt to continue the mutual exchange of professional and local knowledge through various social, cultural and ecological scales.

Hybrid knowledge can also relate to my research around the local. In a socio-cultural sense, the local is perhaps the most ‘wild’ an urban place can be; a constant breeding ground of unconfined knowledge from people, experiences and objects. As Melanie Dodd (2011) states, local knowledge is also “profoundly relational, a complex matrix of rationale and meaning super-imposed and knotted together as ‘webs of significance’” (p. 30). Local knowledge becomes impossible to tame because everything affects everything else. It is developed through a “primitive accumulation” (Callon & Rabearisoa, 2003, p. 197), through what Teddy Cruz and Fonna Forman (2018) repeatedly articulate as the “acute challenges of everyday life” (p. 418). Because local knowledge is so intimately related to the lived experience, it is often seen as too difficult, costly and unnecessary for top-down parties to seek out. However, failing to exchange professional and local knowledge in spatial governance approaches can lead to

environments being built without consideration to those who call them home. I witnessed wild knowledge as I sat in conversation with Avondale locals in their shared community garden space. Entirely specific geographical knowledge of how the positioning of new buildings would block the sun on the racecourse, or where native seedlings collected from felled trees could be propagated and replanted best, strung together a messy discussion about what was wanted in their place. However, a second discourse in the conversation roused frustration where, despite having this expertise, it was not being heard—or ‘lab’ based research (in local government agencies) was being withheld from them—leaving locals in the dark about changes occurring in their neighbourhood.

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Agency in the social-local

The entanglement of ever-growing local knowledge needs to be manifested in place. This section suggests the enmeshed social-local as the place of creating spatial agency. The traditional concept of a ‘site’ is challenged, and rather than a fixed parcel of land, the social-local becomes a site sustained by expanding threads of interventions or experiences, stitched into part of the wider urban (or even global) fabric. The social-local site is therefore “constructed and localised in places and crystallised in practices” (Renedo & Marston, 2015, p. 490).

There is a simultaneity developed in thinking about place through a collection of past social experiences, everyday life, or the reimagination of the future. Geographer Doreen Massey (1991) refers to this notion as time-space-compression, our experiences undergoing a “geographical stretching-out of social relations” (p. 24) across space. As a

distinct social, spatial anchor, localised places like the Avondale Sunday Market (that takes place weekly just adjacent to my site) embodied this experience for me. When I heard the erhu (a traditional Chinese instrument) greeting my entry into the market (Figure 15), I was instantly transported to hearing it along Queen Street during my walk to university. Suddenly, I had placed myself within this hypothetical cultural alignment between what seemed like a local experience to Avondale and one that spanned the CBD. For new Chinese immigrants missing home, it might have grounded a sense of place for them, connecting them overseas.

In such interlocks of social practices, we see acts of agency as a “process of engaging with, negotiating and re-constructing” (Renedo & Marston, 2015, p. 491) the local spatial environment. Agency implies increased participation in local operations, which becomes highly important to form place attachment. Such an agency is granted to any public member, enabling what Awan et al. (2011) call spatial agents; those who challenge and shift the restrictive social structures of urban spaces through lived expertise. As discussed above, the concept of spatial agency values “social relations as a site for action” (Awan et al., 2011, p. 58), which is highly relevant when referring back to local health and wellbeing initiatives and a discussion I raised on their event-based nature.



Figure 15. Elderly Chinese Man Welcomes Avondale Sunday Market-goers with Erhu Music.

Following this research, I recognise an entanglement in needing the local place to uncover its social relations and reveal the 'site' for change. Perhaps this is the crux of being enmeshed, where one area of inquiry cannot be isolated from the other, for its existence would not be possible. In a health sense, where strong social connections are critical, a place that fosters high social interactions can be considered better for one's emotional wellbeing. The value in our localities expands by regarding the local as an inherent place to unearth and construct social relations—something which the national or global scale cannot do.

Figure 16. Avondale's Local Social Initiatives. This relational mapping links initiatives with each other, schools, businesses and organisations. I gathered the information here from various places—social media, websites (see Figures 17-22), first-hand experiences and informal conversations.



Figures 17-22. Avondale’s local initiatives in action. Screenshots and photographs from the social media presence of Avondale’s bottom-up initiatives show evidence of how the everyday local resident takes action towards better hauora for the neighbourhood.

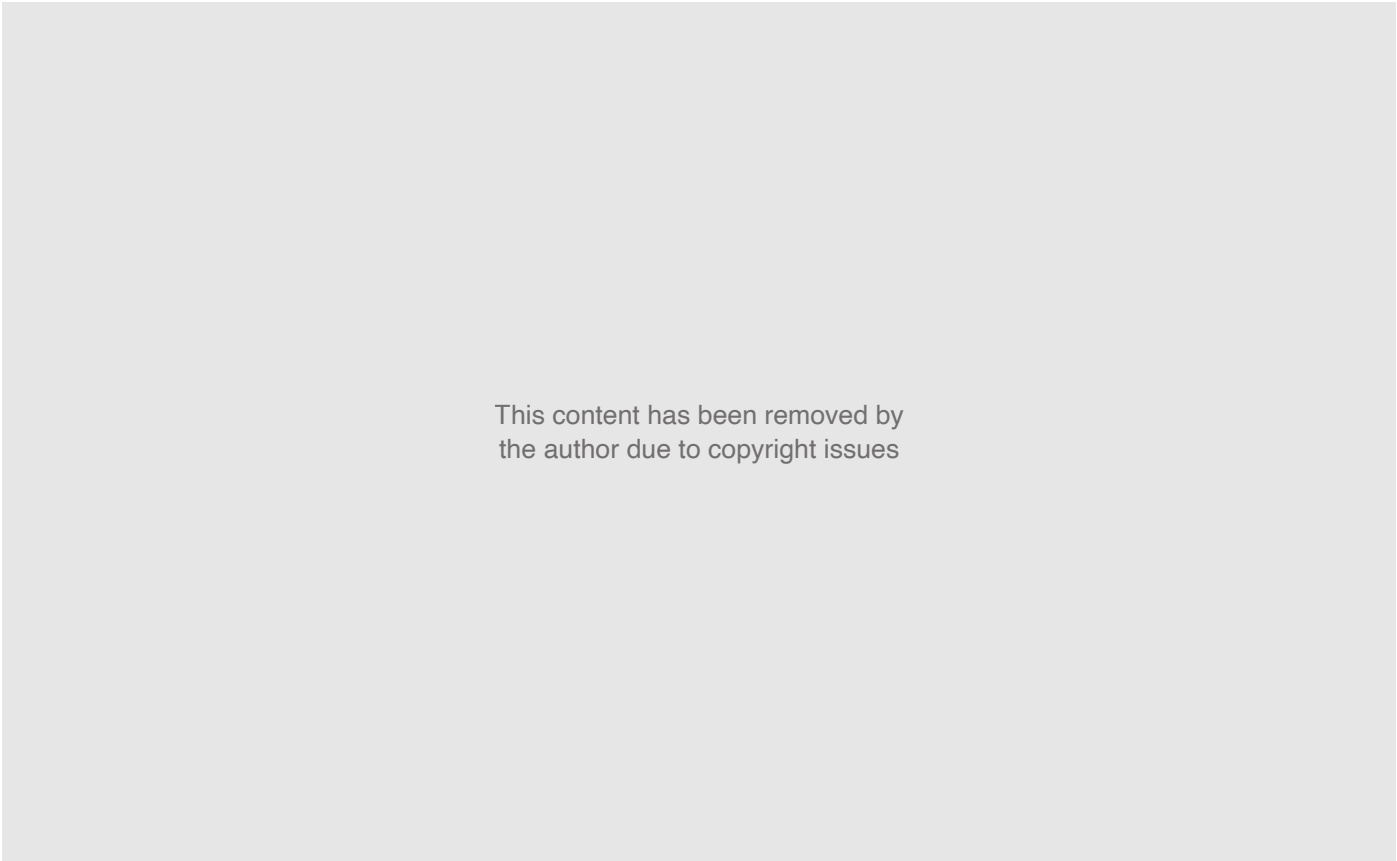


Figure 17. Walking Samoans Facebook Page.

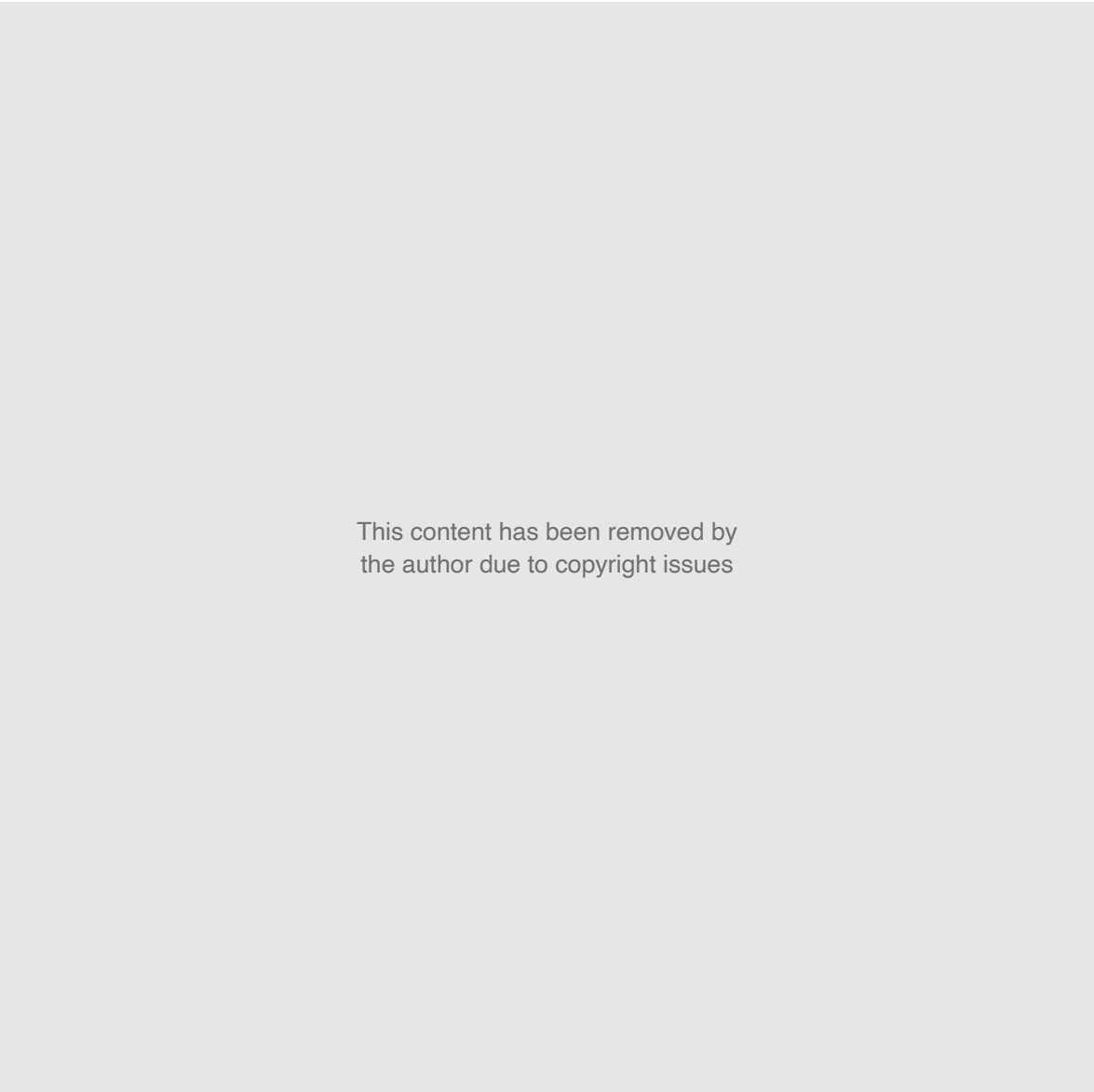


Figure 21. I Love Avondale Instagram Page.

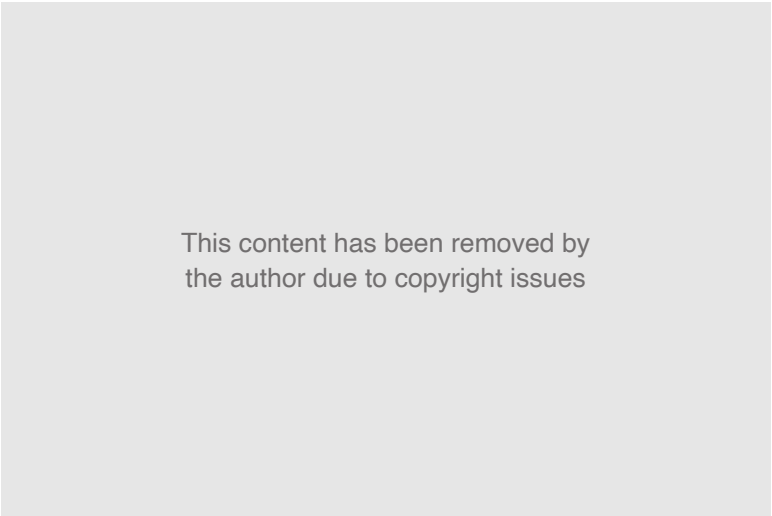


Figure 18. Bike Avondale Matariki Night Ride 2021.

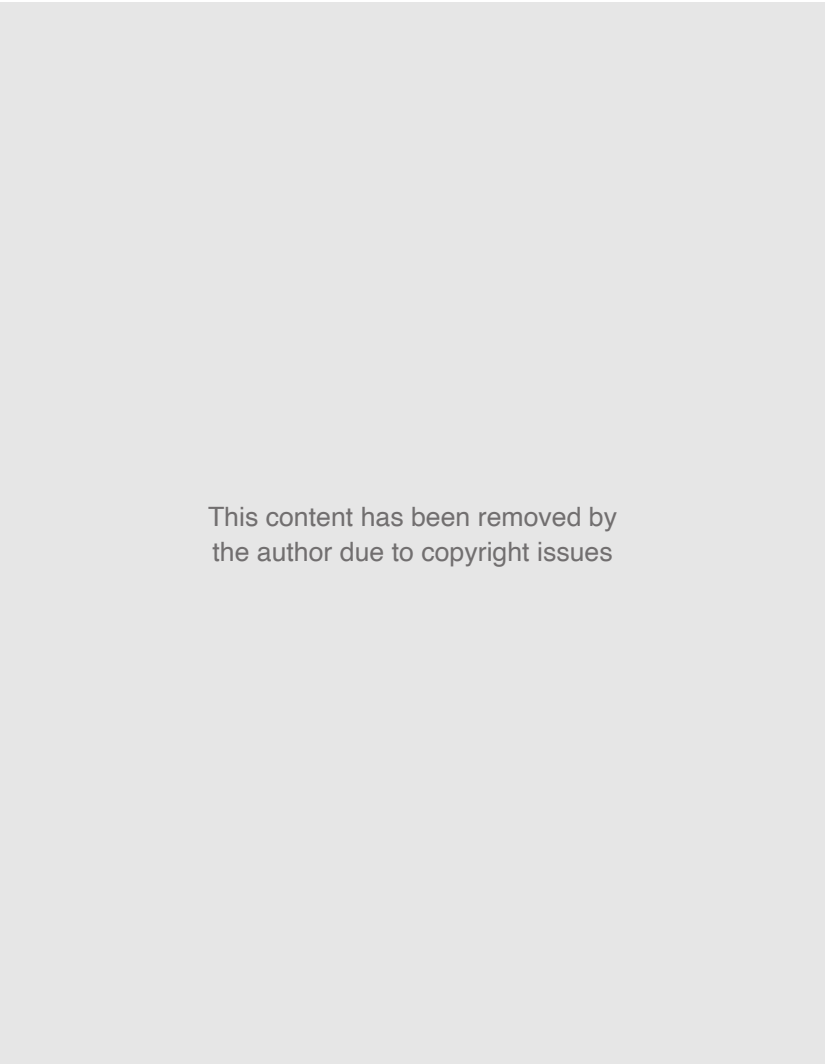


Figure 20. Shared Garden Space Matariki Whau Festival Event 2022 Present Free Seedlings and Soup.

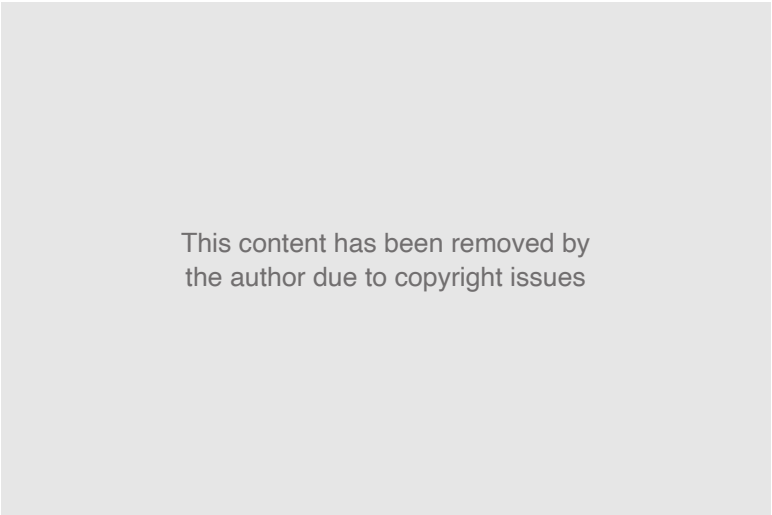


Figure 19. Eastdale Hub Pop-Up Bike Hub.

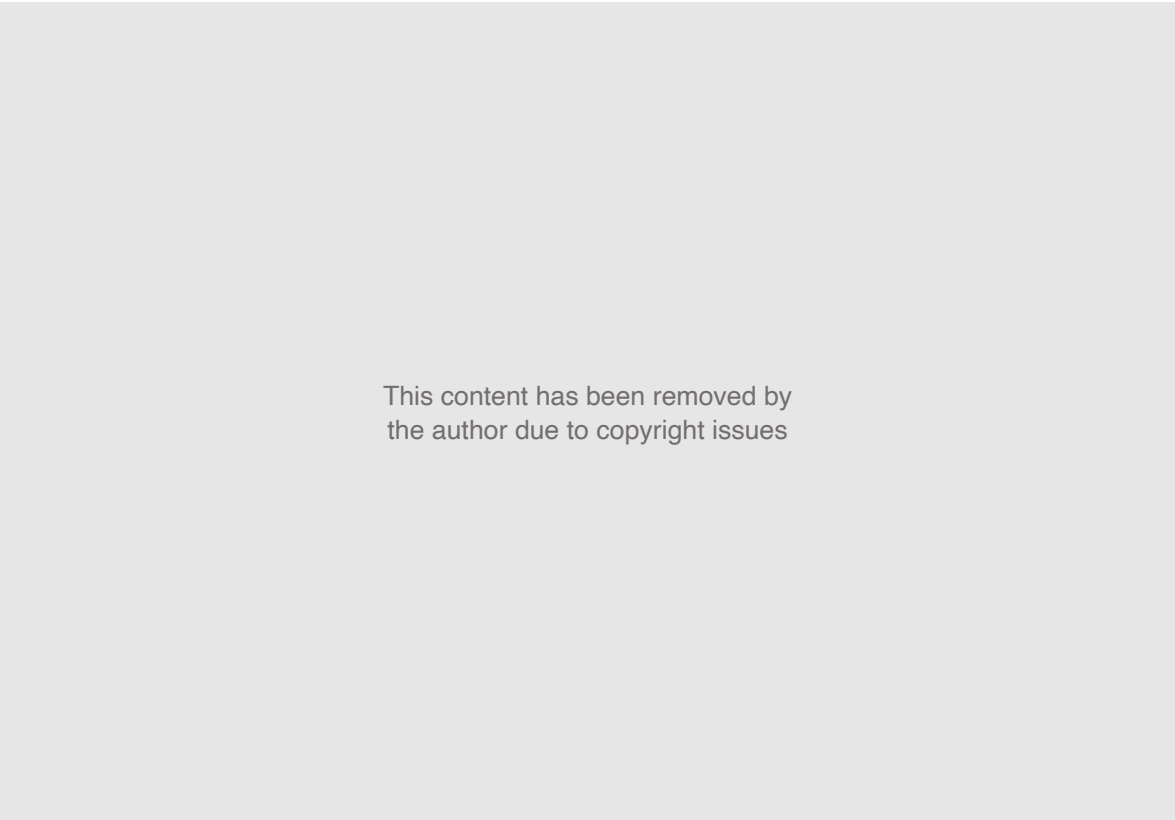


Figure 22. #KaiAvondale Instagram Post.

Avondale social space mappings

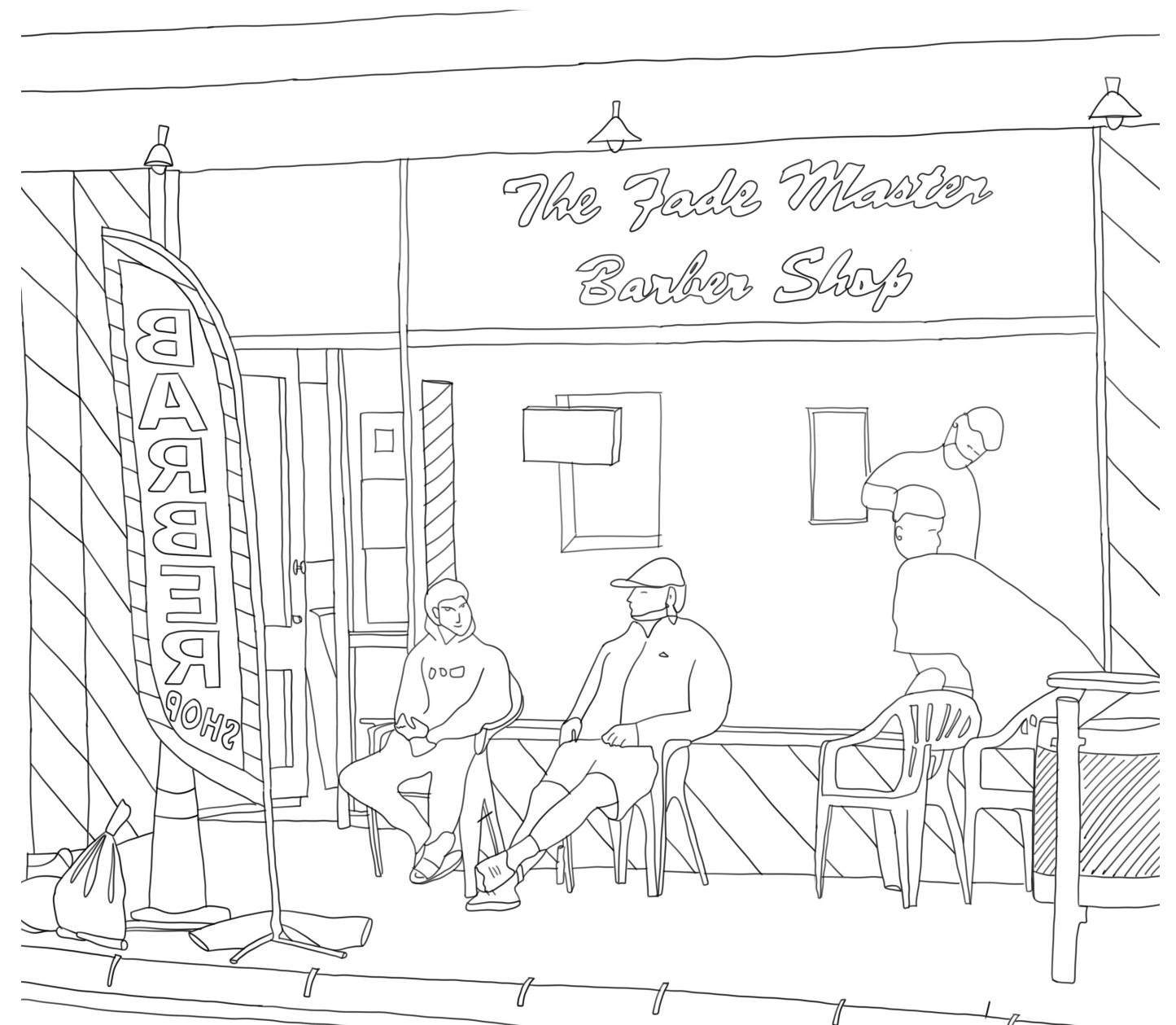
Dodd (2011) points out that “perceiving the everyday, modest and fragile aspects of a place is almost impossible for an outsider”, resulting in putting oneself in an uncomfortable position, especially when “it seems [there is] so much to learn about a place” (p. 29). I acknowledge this and realise that I am not the local in my relationship with Avondale. Therefore, throughout this thesis, I employ different techniques that seek to encapsulate the local perspective as authentically as possible. In this instance, I have produced a

series of illustrative mappings to depict examples of social spaces, relying on photographs taken around the neighbourhood of these situations and tracing over them, preserving the privacy of those photographed. I recorded a collection of the informal, intimate and temporary uses of space, consisting of ‘pockets and edges’ around Avondale, giving me insight into local life and a sense of spatial agency. These drawings have been included in this chapter as they relate to local socio-spatial agency, but are also highly informative studies for my design proposal in Chapter 7.



The Premium, 66 Rosebank Road

Figures 23 & 24. Chairs Placed Outside Barbershops. Barbershops in Avondale uniquely place chairs outside their storefronts. While they are used as seating for those awaiting appointments, they also become important social and cultural spaces for young Pasifika men to sit and talk to one another. Separate seats, placed with their backs to the store and fronts towards the street, lead to a feeling of prospect over the street. Through the visibility of the glass storefront window, a connection to the barbershop and a feeling of public comfort and ease is kept. In this simple spatial intervention and semi-private use of the street, footpaths become ‘slowed’ and inhabited with everyday life, creating public edge spaces.



The Fade Master, 1881 Great North Road



Bargain City, 1990 Great North Road

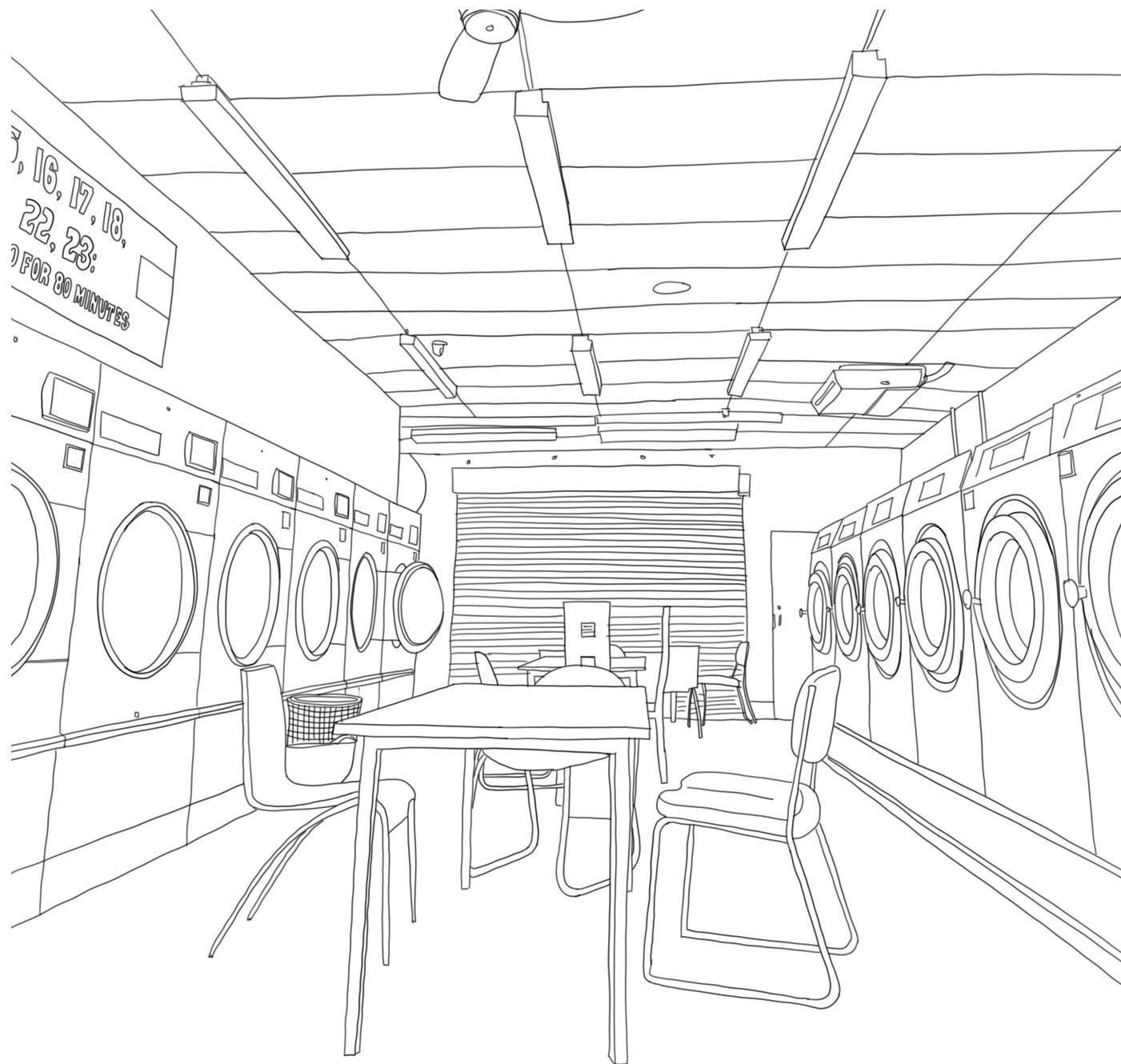
Figure 25. Children Play Cards Between Clothing Racks. Three children sit in a circle on the floor outside Bargain City. Similar to the barbershops, they make use of the veranda edge between the shop and the street, but without the chairs, there is a different bodily arrangement. Sheltered by the roof above and enclosed by the height of the mobile clothing racks, a pocket of youthful social activity is formed.



Avondale Memorial Park

Figure 26. Elderly Sit and Chat Shaded Under Large Trees. Shelter, shade and a sense of ease become commonalities in many of these informal scenarios, and this moment illustrates how trees are spatial elements too. These elders sit on a fixed bench seat—different from the barbershop—with their backs to the trees. This positions them towards the rest of the park, placing them at a point of vantage to other public activities.

Figure 27. Tables and Chairs Set Up Inside Andrew Shin Laundry. Laundromats also become places of informal gathering through the introduction of light furniture, encouraging people to loiter and spend time together in the hour or two that laundry takes. This is an example of a “third place”: a social space separate from work and home that helps establish a sense of place.⁴



Andrew Shin Laundry, 7/1784 Great North Road

Asking myself: What is it you are aiming to do?

So far, I have asked how we might propose our healthcare services and wellbeing activities to directly impact better care of ourselves and the planet. I have argued that doing so within the workings of the local can shift our agency towards a less system-dependent attitude to health. The topics I have investigated are all ways to develop a relational approach specific to Aotearoa and my site of Avondale (discussed in Chapter 4). My architectural inquiry nestles itself within this—now realised—expansive and complex network of physical, ecological, social, cultural and political relations, seemingly pointing out that there is an opportunity for the spatial enmeshing of healthcare provision within a site’s wider ecologies. In this case, what is the role of the architect here?

Awan et al. (2011) advocate for architects to reconsider themselves not as a “sole author” (p. 60) of a building but as enablers for other relationships. I have come to strongly recognise that the role of the architect is expanding to become designers of urban systems, where perhaps buildings are facilitators instead of the central monument. At this stage, I have realised it is critical to start notating our urban, ecological and relational realities and use them to aid our designs. To understand these complexities, I employ various forms of mapping (some have already been presented) later in Chapter 5, which is discussed as a key methodology for encapsulating the many interconnected networks within Avondale.

My architectural inquiry nestles itself within this—now realised—expansive and complex network of physical, ecological, social, cultural and political relations...

⁴ The “third place” theory comes from Ray Oldenburg’s (1989) book, *The Great Good Place*.

Chapter 4: Avondale, Tāmaki Makaurau, Aotearoa

This chapter introduces the neighbourhood site of the project; Avondale—a suburb to the west of the central city in Tāmaki Makaurau—in relation to the wider Whau local area, and the various actors involved in the development of the suburb. I discuss the exact locations of my project in Chapter 7. Here I briefly explore Avondale’s history, ecological features such as Te Wai Whau (the Whau River) and its social and cultural situations. Finally, I discuss the direction of Avondale’s many future-planned developments concerning the town’s ecological health and civic spaces.

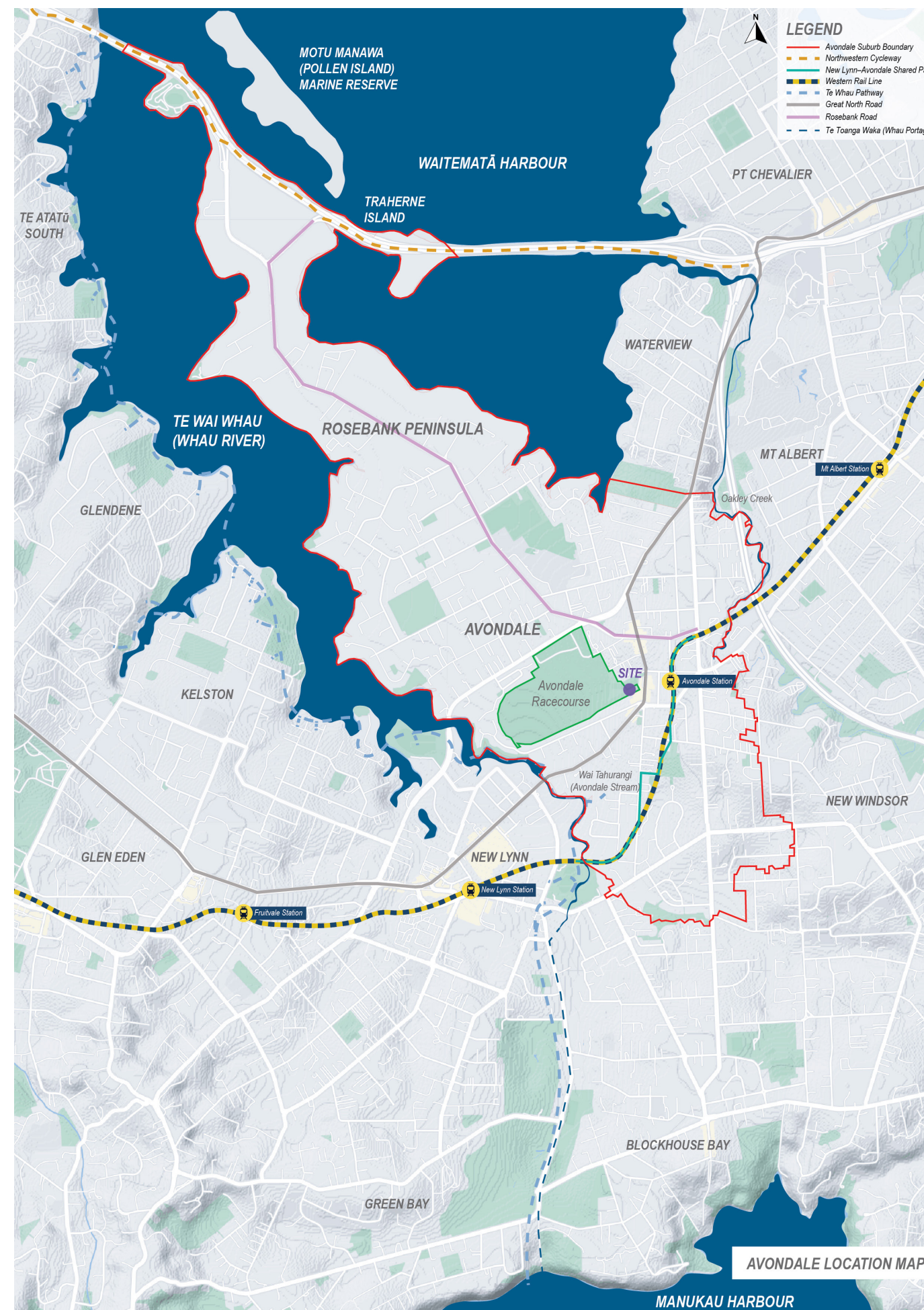


Figure 28. Avondale Location Map. The West Auckland suburb of Avondale is bordered by Te Wai Whau and the Waitematā Harbour. The racecourse (outlined in green) is situated adjacent to the intersection between Avondale’s two main streets, Great North Road and Rosebank Road.

Past

Historically, Avondale was a significant route for Māori, who used this land as a primary passage to travel between the Waitematā and Manukau Harbours. The portage connecting Wai Tahurangi to Green Bay (see Figure 28) led to a series of transient, seasonal kāinga and pā settlements (Mossman, 2018). The movement between settlements was highly dependent on the abundance of resources and kai of the seasons, the water and surrounding tidal flats of Te Wai Whau (Figure 29) providing flourishing feeding grounds for a variety of kai moana (seafood), coastal birds and agriculture (Eke Panuku, 2017). The local iwi is Te Kawerau ā Maki, who have strong ancestral ties throughout West Auckland and Te Wao Nui a Tiriwai (Waitākere Ranges). Avondale is known to Te Kawerau ā Maki as *Hui Kōrero*—a place to meet and discuss—as it was for the many iwi who passed through it (personal communication, September 13, 2022)⁵.



Figure 29. Te Wai Whau. The awa flows out from the land; the part in this photograph is an ‘estuarine arm’ of the Waitematā which flows both ways and has huge tidal change.

⁵ Paying homage to the original name of Avondale, I name my permanent proposed building *Hui Kōrero*.

Avondale’s initial land purchases are recorded to have been mainly of dense, native bush and kauri trees (Auckland Council, 2021) which, alongside the easy access to the central city by river, attracted the interests of Europeans. The felling of kauri by the 1890s eventually led to use of this rich land for horticulture, fruit orchards and plant nurseries. The town’s earliest industrial economies were primarily established through many brickworks factories along Te Whau, drawing from the riverbank’s clay soil resources (Auckland Council, 2021). Avondale’s most well-known amenity is the racecourse, and the 1,800m loop track has been the site of entertainment, events and sport for over a century. However, with it now only operating a few days every year and the new regenerative masterplan for Avondale in the works, the racecourse’s future is left uncertain as land for higher-density housing is becoming more sought after (Eke Panuku, 2017).

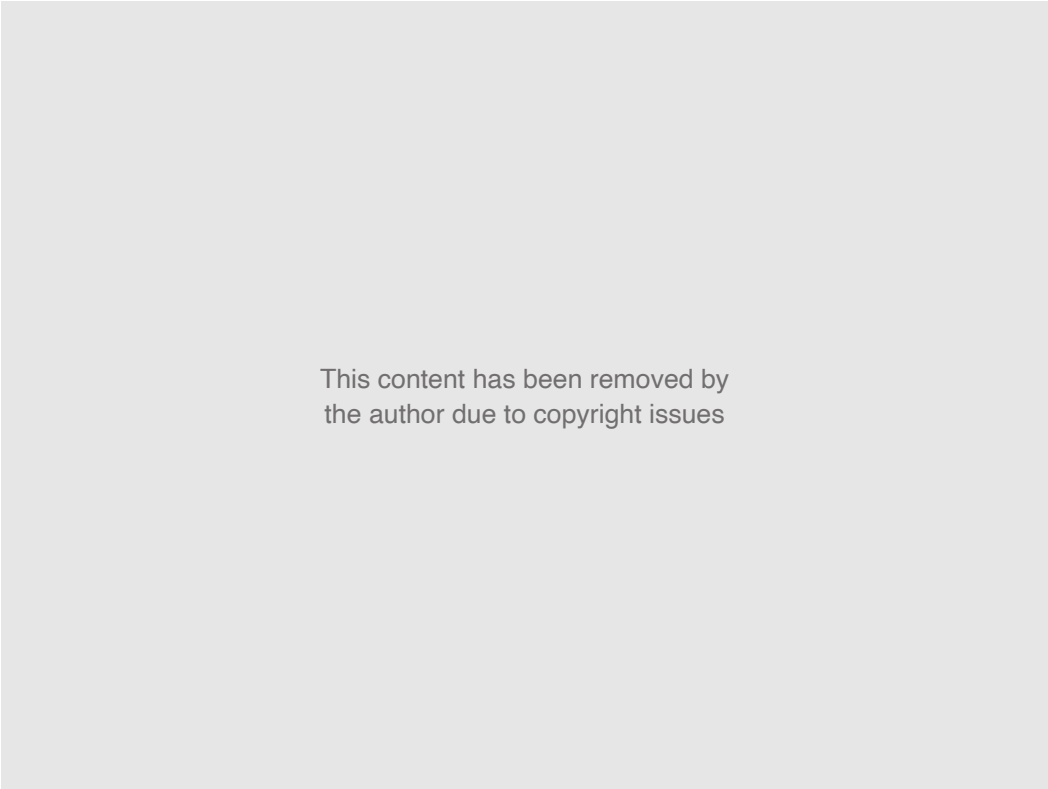


Figure 30. Avondale College Students Plant Seedlings.

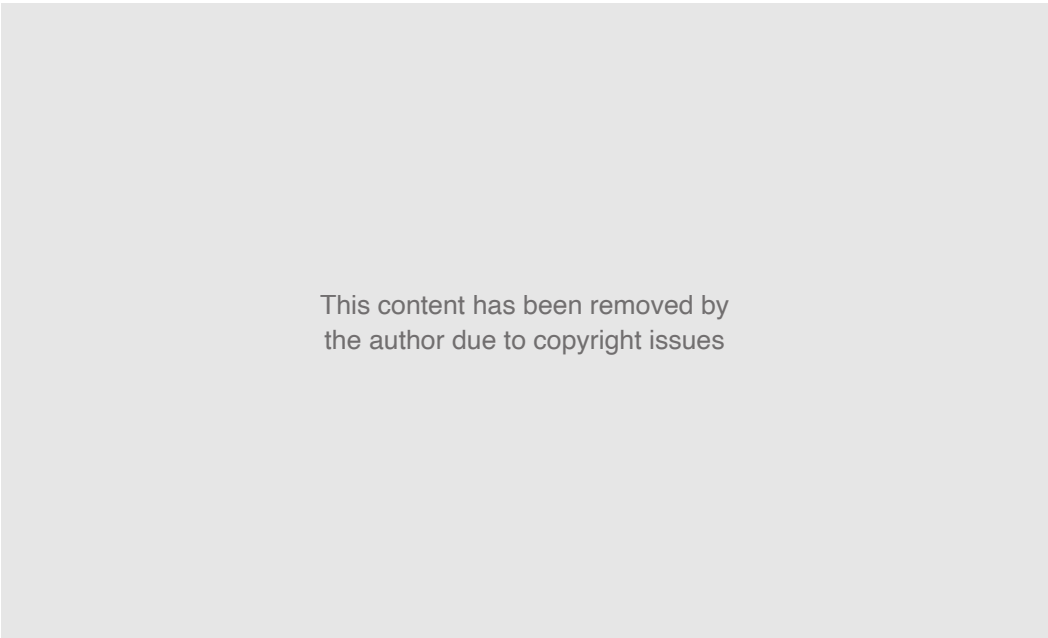
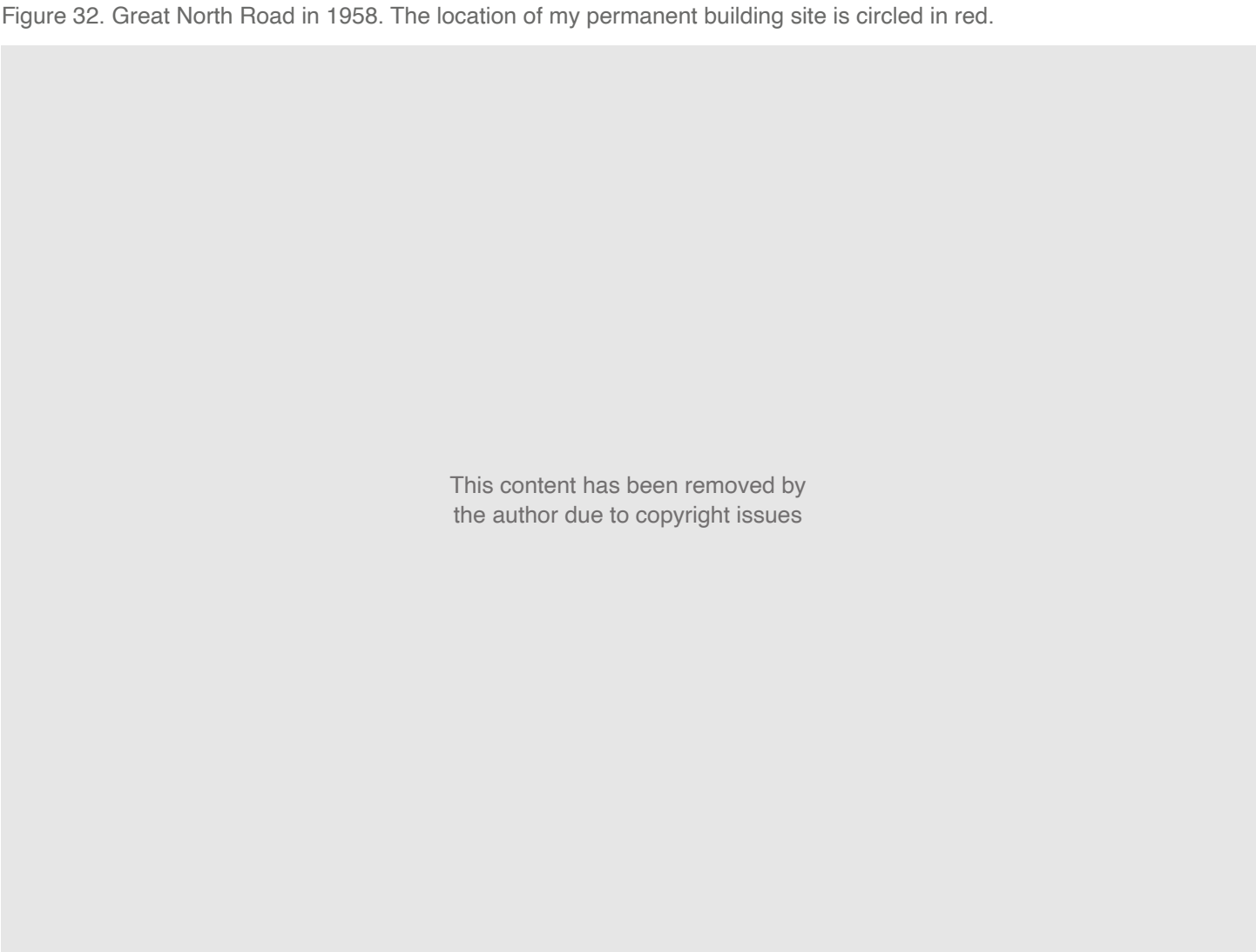


Figure 31. Brickworks Factories Along the Whau River. Malam’s old kiln (right) and Laurie’s kiln (left).



Present

At the present day, Avondale has a population of over 20,000 (StatsNZ, 2018), and is a highly multi-ethnic community, with 30% of its residents being Māori and Pasifika, 31% Asian, 35% European, and 4% labelled as ‘Other’ (Eke Panuku, 2017). Embracing diversity is a central value of Avondale (Motu Design, 2019), evident even in the number of shops, signs and places of worship, demonstrating how people from a range of cultures have called Avondale home (Figure 33). The Avondale Sunday Market (Figures 34 & 35), taking place on the racecourse, is another example of

diverse Asian, Pasifika and other cultural exchanges. As a successful, weekly operation of fresh produce and social wellbeing in the heart of the neighbourhood, the market is an anchor of cultural vitality for Avondale (Diprose, 2021).

The original horticultural land in the Rosebank Peninsula now hosts most of the town’s industrial businesses. However, while it is part of Avondale, Rosebank remains disconnected from the regenerative plans of many urban developments (see Figure 36) and vibrant social activities; this is somewhat unfortunate as Rosebank is home to many of the

neighbourhood’s workplaces and schools. Lack of engagement in this area may be due to the lack of a public square; Rosebank is densely built with factories. The proposal of mobile interventions is a way to mitigate this need for a ‘site’ through a travelling bike which could be temporarily stationed in ordinary sections of the street—on footpaths or shopfronts (see Case Study 1 of *Public Kitchen* in Appendix B). Building upon my research on exchanges of mutual knowledge in an enmeshed environment, connecting the two distinct areas of Avondale through strategies like this is another reason behind my mobile interventions.

Figure 33. Avondale’s Streetside Shops. This collection of multi-ethnic shops was taken within a 5-minute walk along Avondale’s main streets.



Image 01: Ulutoa & Sons — 1898 Great N Road



Image 02: Chinese Medicine & Acupuncture Clinic / Sea Wave Hair Salon — 58 & 60 Rosebank Road



Image 03: Polynesian Food — 1891 Great N Road



Image 04: A.S.R. Baptist Church — 69 Rosebank Road



Image 05: Dollar Saver — 1899 Great N Road



Image 06: Island Foodmart — 1888 Great N Road



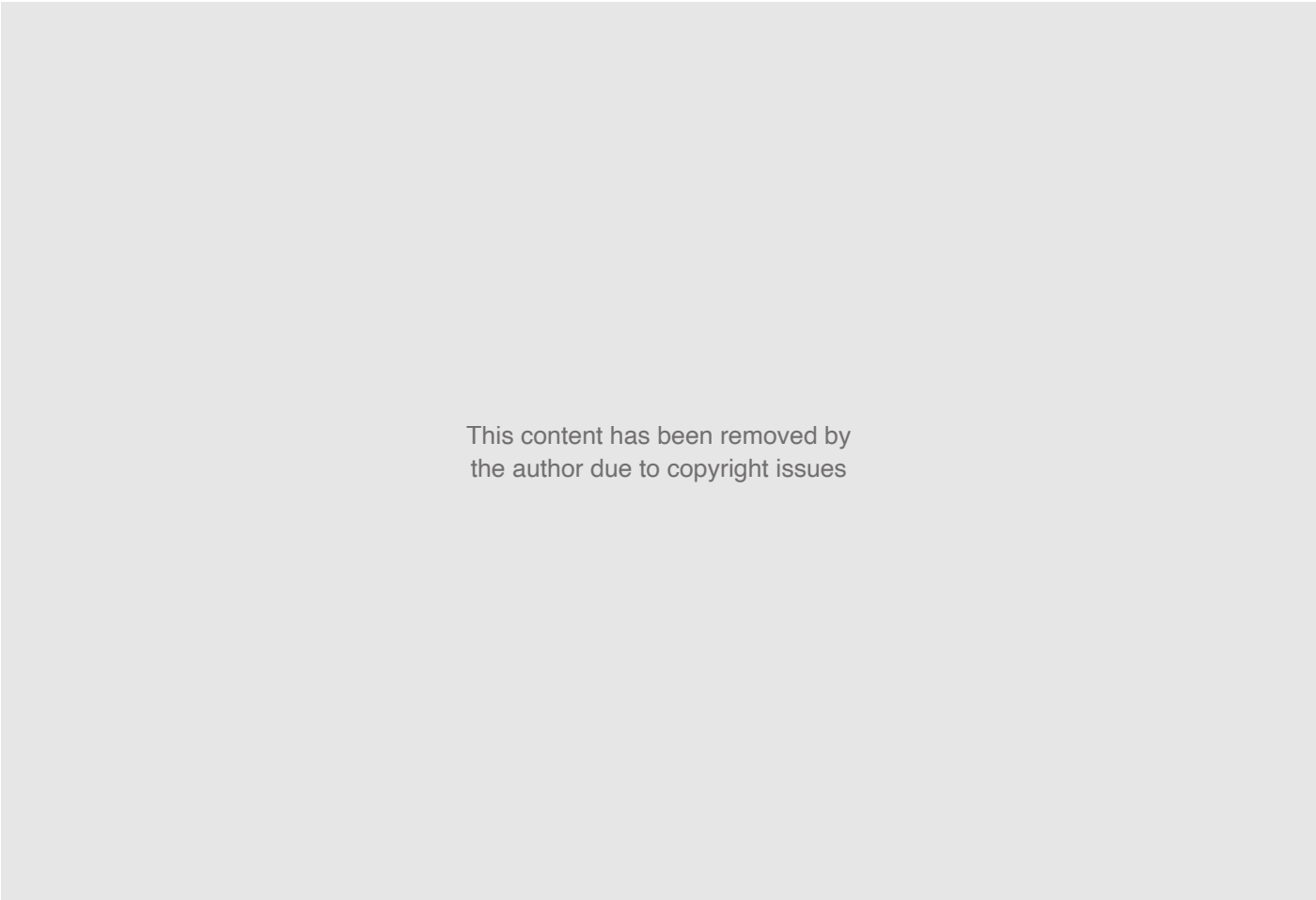
Figure 34. Aerial of the Avondale Sunday Market.

Figure 35. Signage at the Sunday Market in Chinese.



Key documents

A growing number of plans are proposed for Avondale, indicating its high priority for Auckland Council, and a consequent number of documents elaborate on such plans. These documents outline projects from large-scale infrastructure and urban planning produced by the government, to locally-initiated plans that aim to build a stronger community. *The Whau Pacific Peoples Plan*, one of the community plans, points out some of the tensions occurring as a result of plans from both the top-down and bottom-up. The interactions between the two approaches are described as operating “in parallel” (Whau Local Board, 2017, p. 12) with one another rather than with each other. A description of these documents and their hierarchical positions is summarised in Table 1.



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Figure 36. High Level Project Plan. This plan to regenerate Avondale focuses on 68 hectares in the town centre.

KEY FUTURE OF AVONDALE DOCUMENTS

	Document Focus	Document Name	Date Published	Organisation/s	Brief Summary in Relation to Avondale
TOP-DOWN ↑ ↓ BOTTOM-UP	Land Development	Auckland Unitary Plan	November 2016	Auckland Council	To allow greater intensification of commercial, residential, community and civic activities, including increasing multi-unit residential (Terrace Housing and Apartment Building) zoning
		High Level Project Plan	November 2017	Eke Panuku	To regenerate and “unlocking” Avondale’s potential through upgrading the town square, improving housing quality, strengthen transport connections and foster business growth
	Transport Infrastructure	City Rail Link	June 2016	Auckland Transport	To connect the city centre’s “fringe” suburbs such as Avondale through improved transport, increasing employment and economic activity to/from the city centre
		Te Whau Pathway	March 2017	Auckland Council, Auckland Transport, Local Boards & Mana Whenua	A 12km shared path following the western edge of Te Wai Whau. The pathway promotes cycling and socio-cultural connections to neighbouring suburbs and the river
	Community Visions	Whau Pacific Peoples Plan	2018	Whau Local Board & 15 Pacific Community Groups	To enhance the inclusion, engagement and awareness for Pacific residents in the Whau Local Board, as well as the access to facilities, parks, events, programmes and services
		Our Future Avondale	April 2019	Avondale Residents & Motu Design	To provide the communities of Avondale with a voice and vision for the neighbourhood’s future, as well as assist decision-makers to better understand Avondale for future developments

Table 1. Key Future of Avondale Documents.

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Figure 37. Te Whau Pathway.

Future

Alongside the rise in housing developments, Avondale's civic buildings are also a part of the town's regeneration, most notably in the merger and relocation of the Avondale Library and Community Centre from Rosebank Road to Great North Road as *Te Hono*, the new multi-purpose community facility. In doing so, Te Hono aims to host integrated community facilities to holistically bring together the needs and desires of Avondale into one collective space. Established by Auckland Council and Eke Panuku, the proposal also includes a Town Square to establish a stronger 'heart' in the neighbourhood (Our Auckland, 2019).

A serious question in the case of consistent development is what will become of our ecological sites, which hold historical, spiritual and cultural connections to the urban land and wellbeing of Avondale residents? A lack of consideration for Avondale's ecological health has been proven by the tree felling at 52-58 Canal Road, where developers of land purchased for housing ordered the native trees

(including tōtara, pūriri, pōhutakawa and karaka) on the site be removed. These trees were originally planted over 100 years ago as an arboretum for the community (personal communication, August 9, 2022). The ruthless felling of trees stems from the Resource Management Act (RMA) 2012, which ruled that any tree on private property without formal protection could be cut down, regardless of age, stature, indigeneity or cultural significance for humans and wildlife (Ministry for the Environment, 2013). It is not difficult to imagine how this legislation cultivates a Euro-centric intensification process that clashes with te ao Māori. Unfortunately, with Auckland losing a third of its trees since the passing of the RMA ("Protesters turn out", 2020), it seems as though the current process of building up our cities is succeeding. Events at Canal Road question the contradictory nature of 'high-quality, liveable city' plans. Instead, the focus on rapidly intensifying neighbourhoods for increased economic value and landowner profit is causing immense suffering to the mauri of these lands and the wellbeing of people. HOOPLA, in an interview with Objectspace

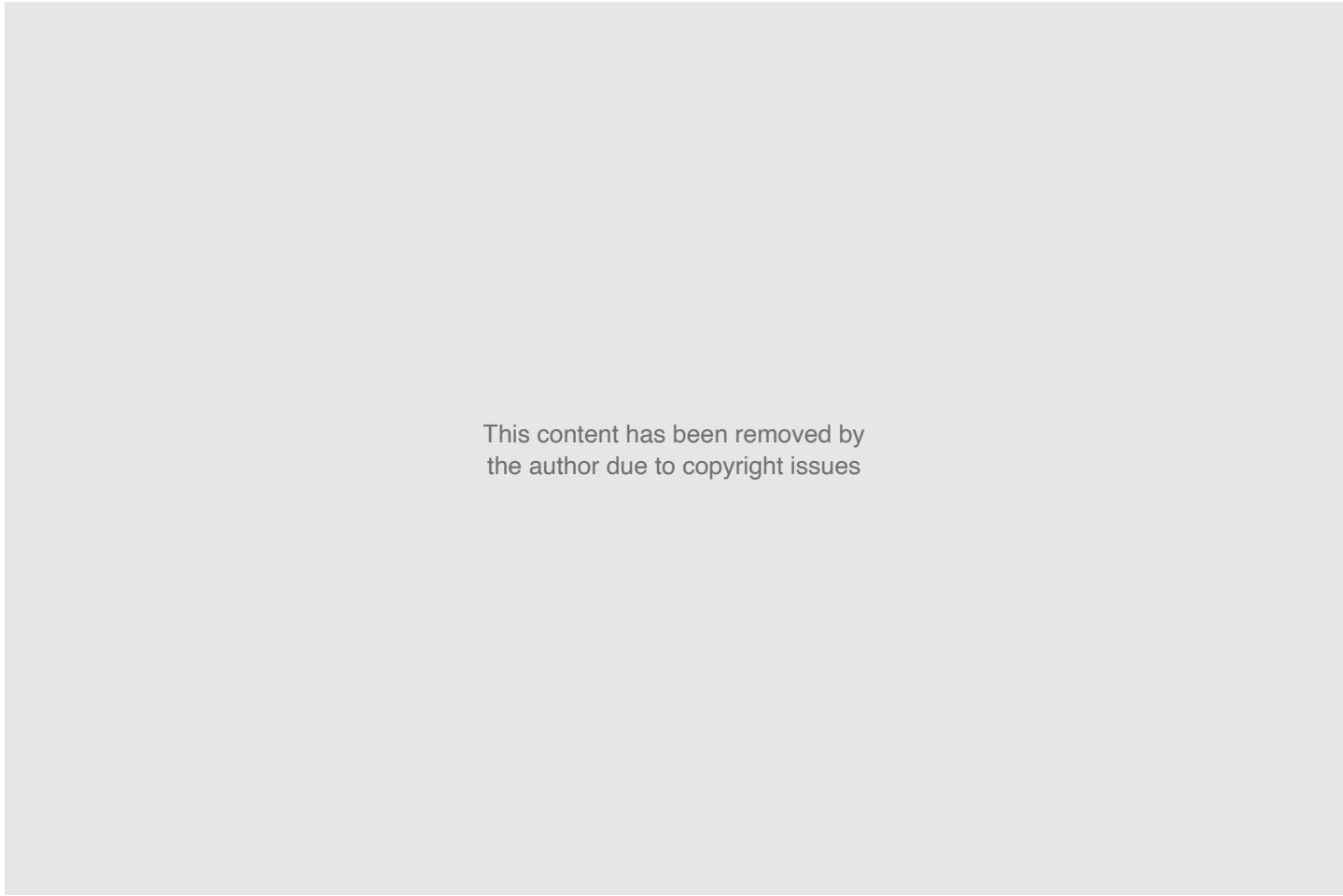
Figures 38 (right) & 39 (following page). Canal Road Protests. Signs, protests and camping out in trees are examples from the 245 days of demonstrations pleading to save Canal Road's native trees.

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(2022), calls painful occurrences like these “just a microcosm of what is happening across the city encapsulating the ongoing tension” (para. 3); a type of ‘hostile architecture’ in significant conflict with our natural world and socio-cultural needs. The repercussion of such events suggests that when heavy top-down plans ignore community needs and values, they often miss the mark in providing good, thriving neighbourhoods.

Conducting this contextual analysis on the suburb of Avondale has provided an overview of the land’s history, natural geography, current development plans and how future strategies may impact the residents. From a significant thoroughfare neighbourhood between waters, it has established itself as a place to call home for residents of all backgrounds and cultures. Now, as one of the council’s spatial priorities

within Auckland, it is undergoing massive developments and increased intensification. Such changes need to be implemented with consideration for the wider ecologies of the neighbourhood in order for Avondale to lead a healthier future.



Chapter 5:

Methods To Understand Place

Three key methods inform my design research:

- A three-stage approach to regenerating place employed from muf architecture/art and J&L Gibbons
- Mapping, used to situate complex ecologies and bring about moments of emergence spatially
- Photomontage, a tool of imagination and manipulation that enables reciprocities between research, idea and iteration

Valuing, nurturing and defining

Making Space in Dalston was an initiative undertaken by architectural practices muf architecture/art and J&L Gibbons in 2009 to regenerate the East London district of Dalston. Dalston was undergoing significant urban change and intensification at the time, with extensive building and transport infrastructure developments similar to the situation in Avondale a decade later. Making Space in Dalston recognised the lack of community input into the top-down intensification process. It was established to generate strategies, cultural programmes and design moves to emphasise the public realm as an important shared space for locals.

In their research, J&L Gibbons and muf (2009) demonstrate that it is possible to create “responsive change via a close understanding and collaboration with the formal and informal” and that to “embrace change whilst nurturing the self-organising distinctiveness” (p. 19) of a place holds great value, particularly to

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Figure 40. Making Space in Dalston 3 Principles. The framework builds a three-strand approach that regenerates Dalston while maintaining its social and physical character.

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Figure 41. Dalston Eastern Curve Garden.

preserving the social capital of the local. To ground these values in their project, muf/ Gibbons invented a specific methodology consisting of three principles (Figure 40). The first principle, *Value what is there*, looks at acknowledging the informal networks and social settings in an area to bring forward the existing socio-cultural relations of a place. *Nurture the possible* seeks opportunities for organisations and initiatives to work together to improve the public realm, beginning to envisage potential projects. *Define what is missing* realises the potential projects as outcomes to form a regenerated bottom-up public realm. These principles developed into an overarching framework that situated these ‘ethics’ of their practice into outputs. By actively working in the existing local zone, projects also respond to the now of a place; this is extremely critical in the context of many urban developments, which often take years to complete. The *Dalston Eastern Curve Garden* (Figure 41) is one example of the many ‘gentle’

interventions that resulted from Making Space in Dalston, with the project’s programme being largely driven by residents’ collective operation and desires (see Case Study 2 in Appendix B).

I engage with the muf/Gibbons approach in my design research through two critical methodologies. Mapping is used by me to ‘value what is there’, while photomontage pushes me to speculatively ‘nurture the possible’ and begin to ‘define what is missing’.

Mapping

Mapping is an entirely spatial practice, and architecture has used it frequently as an influential tool (Corner, 1999). In my design research, I use mapping as a powerful tool to make sense of the complex ecologies of Avondale. Mapping can reveal physical information about a place’s history, biophysical and culture visually, enabling us to imagine how a place is lived by drawing out specific information. In the design process, mapping is critical for initiating an architectural project’s ‘moment of emergence’ by activating spatial conditions (Schoonderbeek, 2017). Because mapping is a rather dynamic methodology, there is often the coalescence of time, place and character, which are brought to the front of the design process. In Figure 42, the *Avondale Initiative Map* intends to spatially situate the sites of local initiatives but also describe the character of Avondale through various types of activities and social ecologies. In another example, *Avondale Sunday Market Map* (Figure 43) maps the embodied research conducted at the Avondale Sunday Market as a highly engaging, temporal social space within Avondale. Social and spatial ecological observations (annotated through text) describe how the temporary market ‘plugs’ itself into the permanent spatial sites and social life of the neighbourhood.

Mapping can reveal physical information about a place’s history, biophysical and culture visually and enables us to imagine how a place is lived by drawing out specific information.

Figure 42. Avondale Initiative Map. The decision to protrude the imagery of the map from the streets emphasised the scale and presence of these initiatives within the local community; the pictorial nature of this map brings the neighbourhood to life.



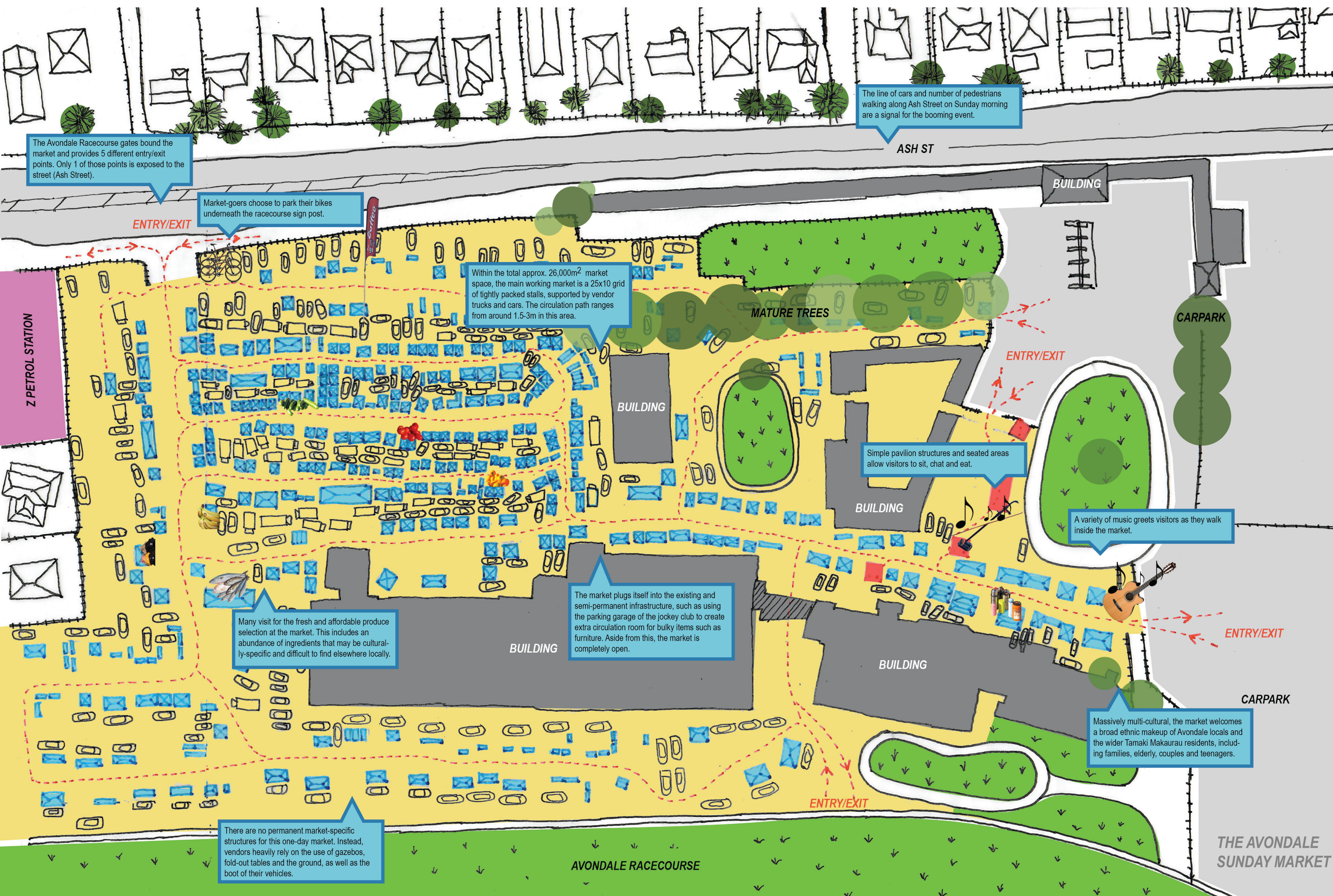


Figure 43. Avondale Sunday Market Map. A plan view shows tight stall corridors and winding circulation routes that weave themselves between the permanent Jockey Club buildings at the Avondale Racecourse.

To 'value what is there' means to view the socio-cultural ecologies of place as relational—interconnected with one another through physical interactions, local agencies or programmatic strategies. How might one reveal this information? I have looked towards architect Teddy Cruz's use of *Conflict Diagrams* (Figure 44) as a tool to visualise these ecologies. Cruz, who practises within the large-scale urban conflict of the US-Mexico border situation, uses this mapping technique as a political tool. Described as a "relational cartography...exposing critical top-down and bottom-up, political, social and economic power relations" (Cruz et al., 2020, p. 25), Cruz states that within the web of large-scale and bottom-up social relations is where locals construct their own "informal shared urbanity"

(p. 26). This locally-constructed collective urbanity is the *value* that muf/Gibbons argue needs to be nurtured amid top-down developments. Relational mapping, therefore, becomes an important tool to make sense of the scope of 'actors' in a place, understanding who might be connected to what, where and why. This method is key to the emergence of Cruz's architecture, such as *Los Abuelitos*, a radical intergenerational housing model for grandparents and their grandchildren (see Case study 3 in Appendix B). How I have adopted this technique of relational mapping is seen in the diagram of Avondale's local social initiatives, previously shown in Figure 16 (in Chapter 3).

How we map is also highly important. Mapping has been inappropriately used throughout history as a vehicle for defining colonial territories, with maps often being used as vehicles for "possession, framing and claiming" (Waghorn, 2011, p. 8) that purposefully removed details—in most cases, indigenous details—about a place to further the colonialistic 'power-as-knowledge' agenda.

Figure 44. Casa Familiar Conflict Diagram. A relational mapping of the relationships around his housing projects 'Los Abuelitos/ Senior Housing with Childcare' and 'Living Rooms at the Border'.

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That which was not mapped was not knowledge. In the context of Aotearoa, where Māori have had a vibrant oral history, many early European survey plans used to subdivide and sell land (Figure 45) exemplify this (Curnow, 1999, as cited by Waghorn, 2011). What was mapped as empty land was, in fact, filled and plentiful with the oral mappings of Māori ancestral deities, an iwi's whakapapa and cultural ideologies passed on through song and story (Waghorn, 2011). This discovery of Māori knowledge of place was revealed to me during my attempts towards 'decolonising the map', where I marked important Māori place names around the Te Wai Whau and the Avondale area (Figure 46). These place names notated significant cultural knowledge to Te Kawerau ā Maki; such as where was the most fruitful place to catch pātiki (flounder) and araara (trevally) or the

best place to stand to watch the Matariki stars rise the clearest. These notations provide an insight into how Avondale was once lived, much different to the urban suburb it is now. Acknowledging different ways of living in the past and present enables us to imagine what a future for Avondale might look like as one entirely different to its current conditions.

Figure 46. Māori Place Names in the Whau. I have been informed of these place names by Robin Taua-Gordon from an EcoMatters (2022) webinar recording.

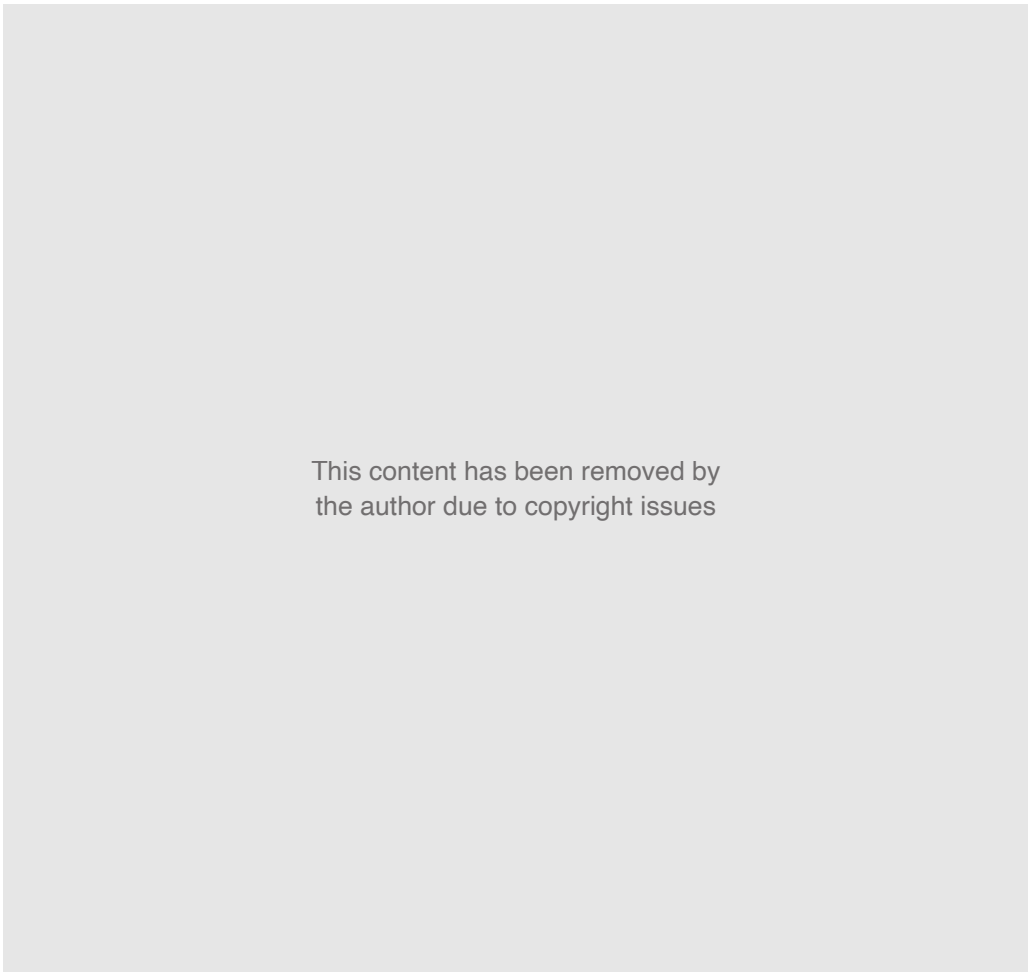
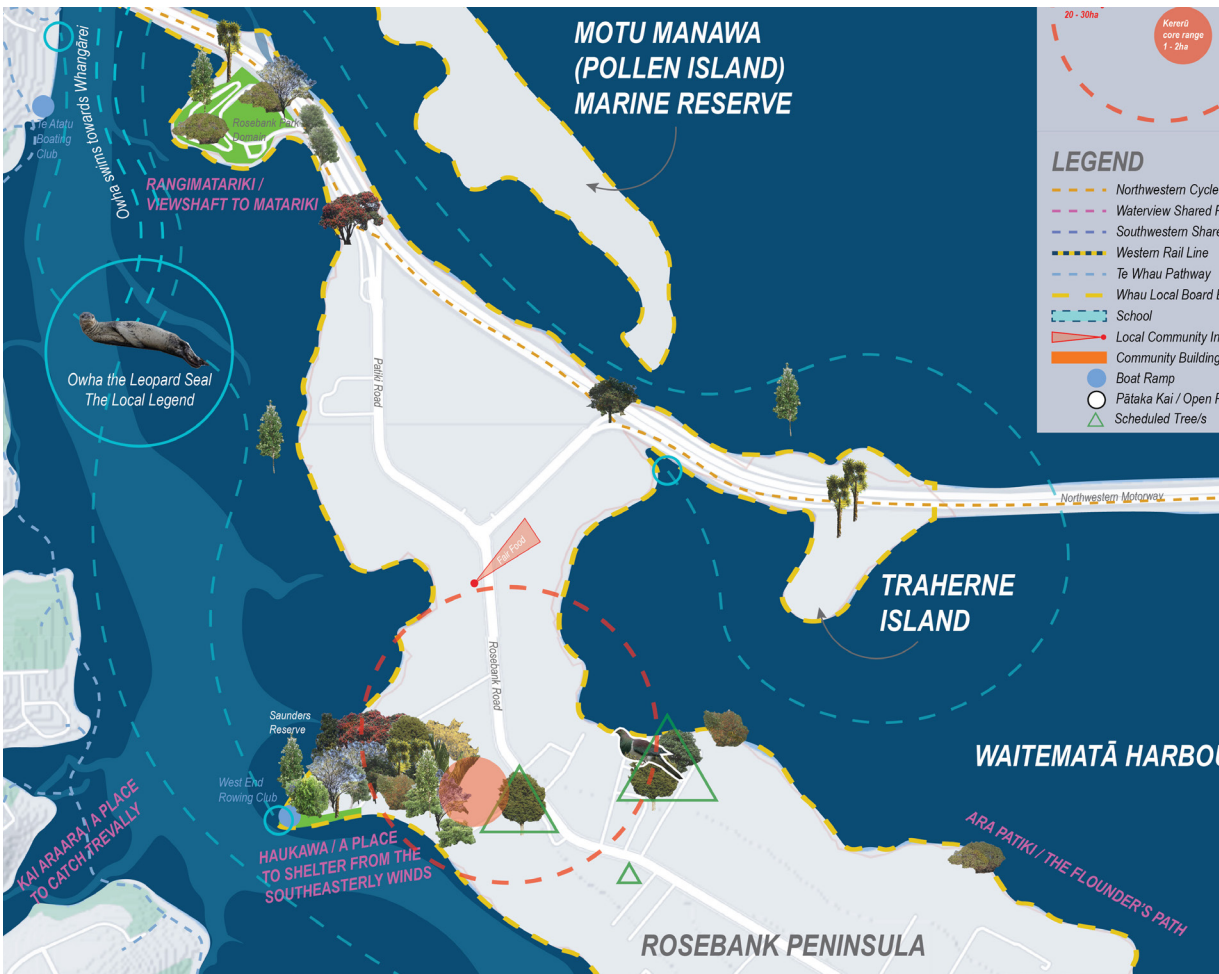
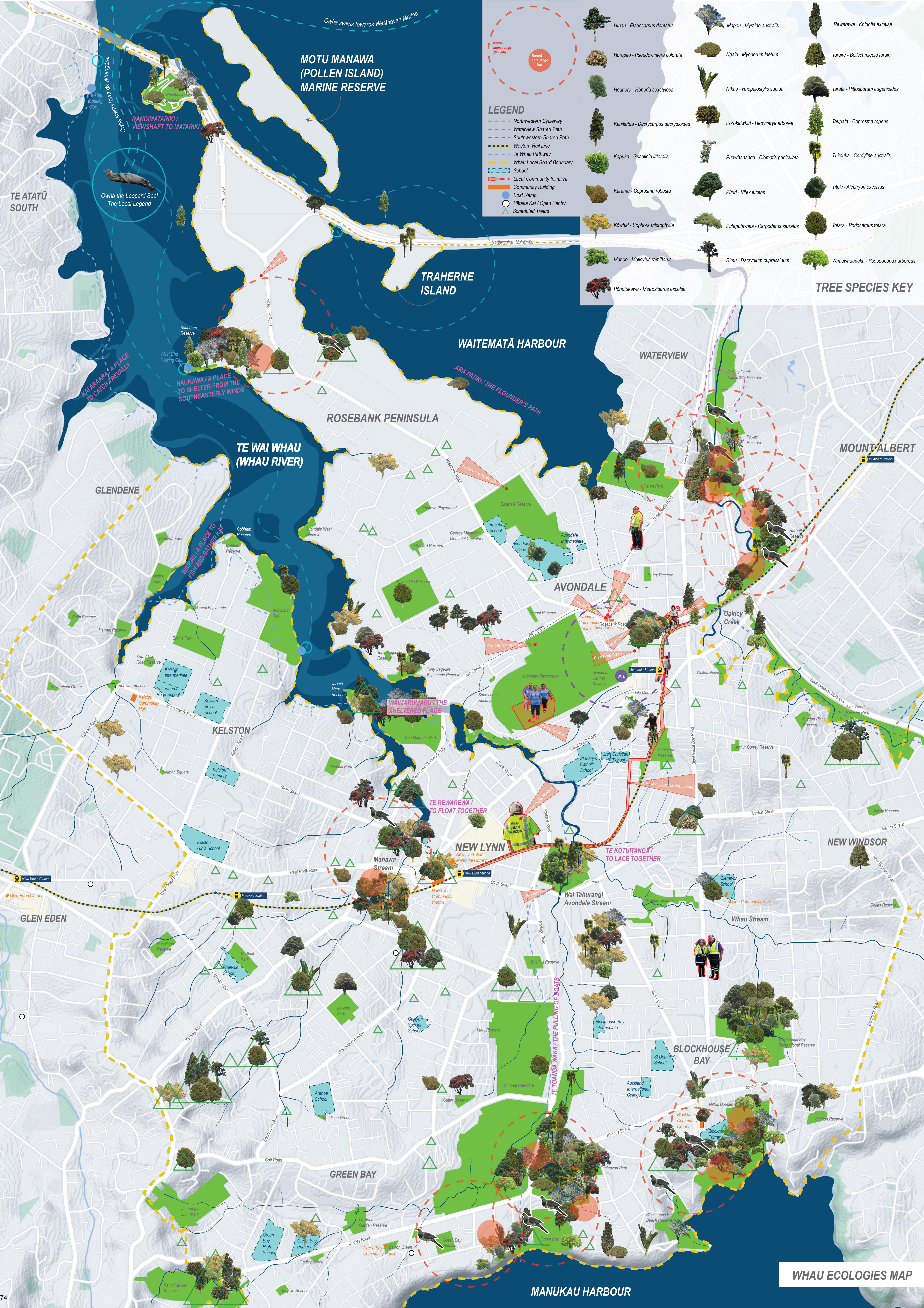


Figure 45. Coates Avenue Subdivision. This subdivision map in Ōrākei parcels up sections of land neatly by a surveyor general. This is an example of a 'colonising map' that imagined land in Aotearoa as empty plots to build 'fresh' upon.

The *Whau Ecologies Map* (Figure 47) is the most significant mapping in my design research. Through this unique way of framing the Whau through non-material urban features, the wider contextual site of my design project becomes a synergy of its social, cultural and biophysical ecologies that assist us to consider the health of the neighbourhood's future. The work intentionally foregrounds the existing life in Avondale, calling them out and arguing that these should be considered. Advocating for the regeneration of kererū populations, urban ngahere, awa and bottom-up social initiatives, this mapping shifts our spatial governance thinking in the plans for intensification. How can we use such ecologies to unearth theories around planting, protection and regeneration in a neighbourhood with imminent urban developments such as the High Level Project Plan? As designers, the cruciality of notating our urban ecologies and actively using them to inform our work should not be ignored.

Figure 47 (following page). Whau Ecologies Map. 1:10000 scale at A1, showing the Whau as a stretch of land connecting bodies of water, most significantly Te Wai Whau (and its streams) flowing into the landscape, including its important portage route from the Waitematā and Manukau Harbours. The area's native tree clusters and kererū bird sightings signal a notable gap across Avondale and the Rosebank Peninsula. Avondale's local initiatives; pātaka kai (open pantries), schools, community buildings and transport infrastructure map the social ecologies within the area, super-imposing another layer of spatial data that depicts the lived experience.



LEGEND

- Northwestern Cycleway
- Waterview Shared Path
- Southwestern Shared Path
- Western Rail Line
- Te Whau Pathway
- Whau Local Board Boundary
- School
- Local Community Initiative
- Community Building
- Boat Ramp
- Pātaka Kai / Open Pantry
- Scheduled Tree/s

Hinau - <i>Elaeocarpus dentatus</i>	Māpou - <i>Myrsine australis</i>	Rewarewa - <i>Knightia excelsa</i>
Horopito - <i>Pseudowintera colorata</i>	Ngaio - <i>Myoporum laetum</i>	Taraire - <i>Beilschmiedia tarairi</i>
Houhere - <i>Hoheria sexstylosa</i>	Nikau - <i>Rhopalostylis sapida</i>	Tarata - <i>Pittosporum eugenioides</i>
Kahikatea - <i>Dacrycarpus dacrydoides</i>	Porokaiwhiri - <i>Hedycarya arborea</i>	Taupata - <i>Coprosma repens</i>
Kāpuka - <i>Griselinia littoralis</i>	Puawhanganui - <i>Clematis paniculata</i>	Ti Kōkua - <i>Cordyline australis</i>
Karamu - <i>Coprosma robusta</i>	Pūriri - <i>Vitex lucens</i>	Titoki - <i>Alectryon excelsus</i>
Kōwhai - <i>Sophora microphylla</i>	Pūlapaweta - <i>Carpodetus serratus</i>	Tōtara - <i>Podocarpus totara</i>
Māhoe - <i>Meliclytus ramiflorus</i>	Rimu - <i>Dacrydium cupressinum</i>	Whauwhaupaku - <i>Pseudopanax arboreus</i>
Pūhukawā - <i>Metrosideros excelsa</i>		

TREE SPECIES KEY

Photomontage

Photomontage is employed as a second design methodology, used as a way to ‘nurture the possible’ potential projects that land the implication of mapping through design. Photomontage, described as “the assemblage and combination of expressive elements” (Stepanova, 1928/1976, p. 111), is an expressive form of visualising architecture and its context, allowing a selective gathering of imagery to tell a narrative through the exaggeration, manipulation and composition of photographs. Similar to mapping, photomontage performs as a generator of design work, depicting architectural concepts as speculative but still accurate to the idea, playing a major role in design testing.

Many architectural studios have previously used, or still do, photomontage as a methodology to present their work. Archigram is possibly one of the most well-known groups to have done so in the avant-garde era of the 1960s, proposing many surrealist projects that resisted typical architectural ones at the time. Works like the *Instant City* series produce concepts of a pop-up metropolis (Figure 48), which defied the preset boundaries of what architecture could be by reimagining a different

future ‘city’. Like Archigram in its radical utopian nature and of the same era, the Italian group Superstudio also employed photomontage as a method of architectural imagination. Most famously, its *Continuous Monument* series visualises ambiguous black-and-white grid structures swallowing expanses of natural and urban landscapes (Figure 49) as a commentary on the studio’s discontent with the growing interest in repetitive urban projects not considerate of their local environments (Imam, 2021). In contemporary architectural practice, the application of photomontage is advocated strongly by Mexican architect Tatiana Bilbao (Figure 50), as she finds it necessary to develop her work, which consists of dense housing projects dealing with the complexity of different social ecologies (Fazzare, 2018). In viewing the architect’s role as enabling new urban ecosystems, photomontage is also influential in understanding the complexity of place—perhaps less refined than mapping but more imaginative.

Figure 48. Archigram’s Instant City. This photomontage proposed landing the attractions of a metropolitan city into a small town, emphasising the cultural circus of metropolis.

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Figure 49. Superstudio’s Continuous Monument. This photomontage depicts this monolithic shape spanning across the Hudson River.

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Figure 50. Tatiana Bilbao’s Diversity. Bilbao’s photomontage of the dense dwelling project in Ecuador proposes living facades and green spaces that support biodiversity and human life in and around the concrete apartment towers.

In practice, photomontage is a tool to enact reciprocity between image and idea. This is why I have found the application of photomontage fundamental in the beginning stages of my design, as it has given me the agency to be explorative but also to work quickly. Upon gathering and digesting complex research, this method lets me bring forward speculative propositions in a non-committal way, forcing me to engage with imagination and manipulation as I ‘cut-and-paste’ on the digital page.

Through this process of quick manipulation of ideas, the appropriateness of design decisions around form or practicality is discovered. In the first design iteration of my mobile proposal, I pasted the intervention in various settings to test different sites (Figures 51 & 52). In doing so, I questioned the practicality of proposing an architecture that could “do it all” on land and water as a market stall and boat. This test raised an interesting question regarding architecture that ‘moves’: how might wandering architecture be epiphytic to communities? From this, I moved away from one all-encompassing intervention into three smaller ones at different scales, modes and activities. The appropriateness of form was also tested through Figure 53, a design concept influenced by the pātaka (storehouse for food and valuables). Upon presenting this design, an important point was raised around this decision, in that the pātaka was not meant to be inhabited, and the loss of connection to the whenua would cause issues regarding the programmatic logistics of an upper-level plant nursery. Examples like these are evidence of the design process working to see how responsive a concept is to its site; it was through photomontage that the value of such context-driven design testing was learnt.

...bring forward
speculative
propositions in
a non-committal
way, forcing me
to engage with
imagination and
manipulation as I
‘cut-and-paste’ on
the digital page.

Figures 51 & 52. Early Mobile Intervention Concepts. Testing a mobile architectural concept by cutting and pasting it into different locations within Avondale—the Sunday Market (top) and down Te Wai Whau (bottom).



Chapter conclusion

The three-stage approach from muf architecture/art and J&L Gibbons has been acknowledged as an overarching framework for my project, carried out by two distinct methodologies in the design process; mapping and photomontage. Mapping allowed me to 'value what is there' by actively plotting complex networks. In doing so, it became a powerful tool to identify the ways that the processes of spatial governance in the local could be reimagined to support the existing ecologies of place. Where mapping identifies the possible, photomontage nurtures it, using its iterative and imaginative technique to envision what could happen in this space. Whilst it remains speculative, photomontage was the catalyst of continued design testing. These three methods of understanding place

have developed a way to operate in design research that positions me between the role of the designer and the workings of the local, so that I can propose a responsive, "enmeshed architecture" for Avondale. Following this, the third stage of the muf/Gibbons model, *Define what is missing*, is undertaken through a design brief and proposal in Chapter 7.

Figure 53. Iteration 3 of Permanent Architecture. Although deemed inappropriate for the urban location, people and programme of the space, this iteration was much more 'enmeshed' than the previous two (see Appendix C).



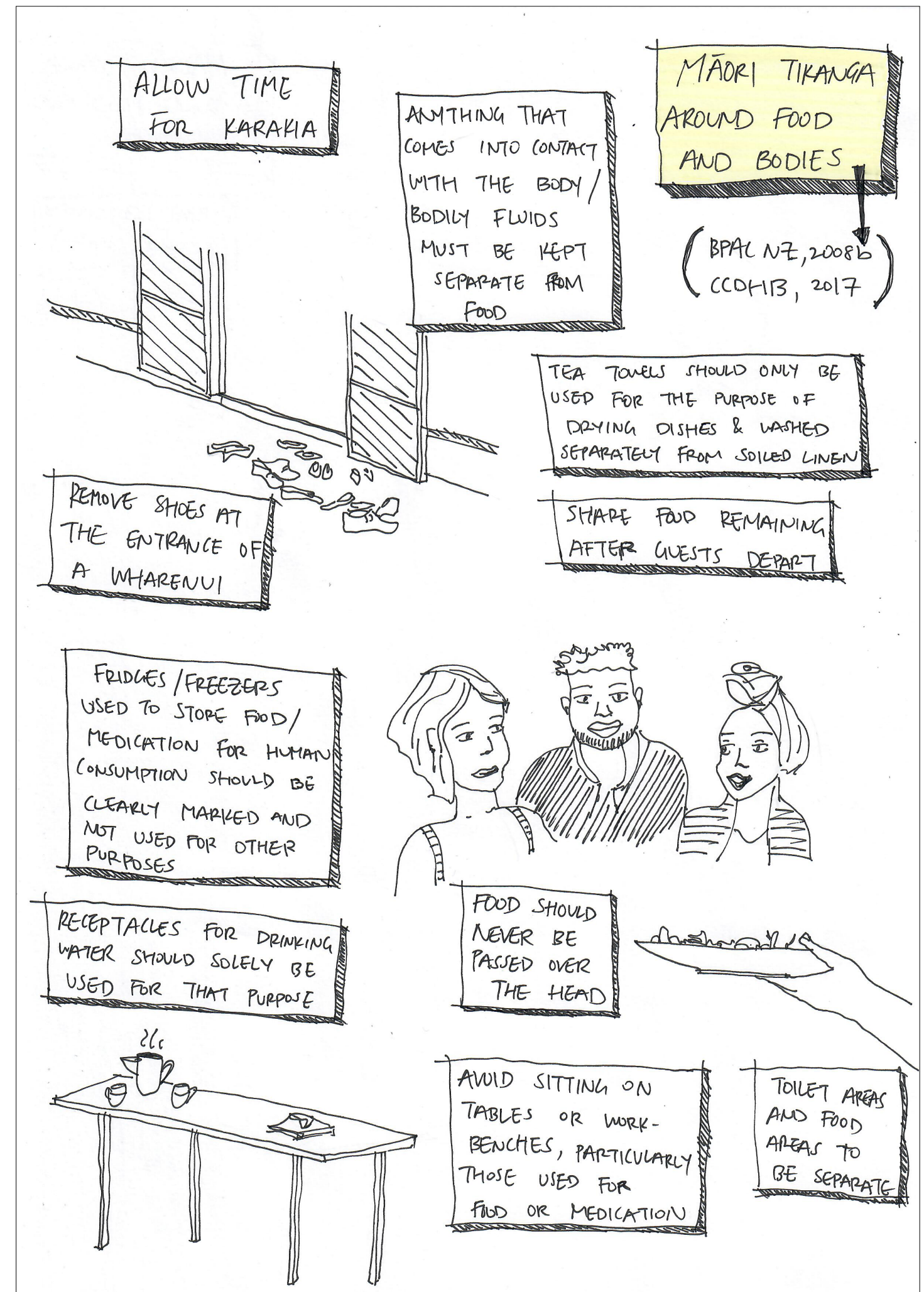
Chapter 6: Design Operations

This chapter sets out the design operations of my proposal through best practice, establishing specific Māori tikanga customs and other protocols. I combine these practices to guide my design proposal, calling it a *Catalogue of Best Practice*. This catalogue is used to inform both the programme of my permanent proposal, as well as my future practice.

Catalogue of Best Practice

As tauiwi (a non-Māori person of Aotearoa), it is critical that I acknowledge and follow traditional tikanga practices and uphold due diligence in ensuring my design is the most appropriate for Māori, especially in the reappraisal of Te Tiriti o Waitangi in design. In the notion of most appropriate practice, I also research how spaces can be designed to support the elderly or our other bio-species. To assist these motivations, I have developed a *Catalogue of Best Practice* (BPAC NZ, 2008b; CCDHB, 2017; Te Papa Tongarewa, n.d.; Robin, 2018; Better Health Channel, 2014; HealthEd NZ, 2018)⁶. In developing this, I am aware that every protocol may not be directly connected to my architectural proposal; instead, taking these into account spurs the thinking towards a future where respecting Māori tikanga and best practice in architecture is a discussion that is always had, concurring in healthier built environments. I also imagine this catalogue to occupy part of my own future practice; to grow as more knowledge is produced over time.

⁶ References are listed in order of appearance in the catalogue pages.



83 Figure 54. Catalogue of Best Practice Page 1.

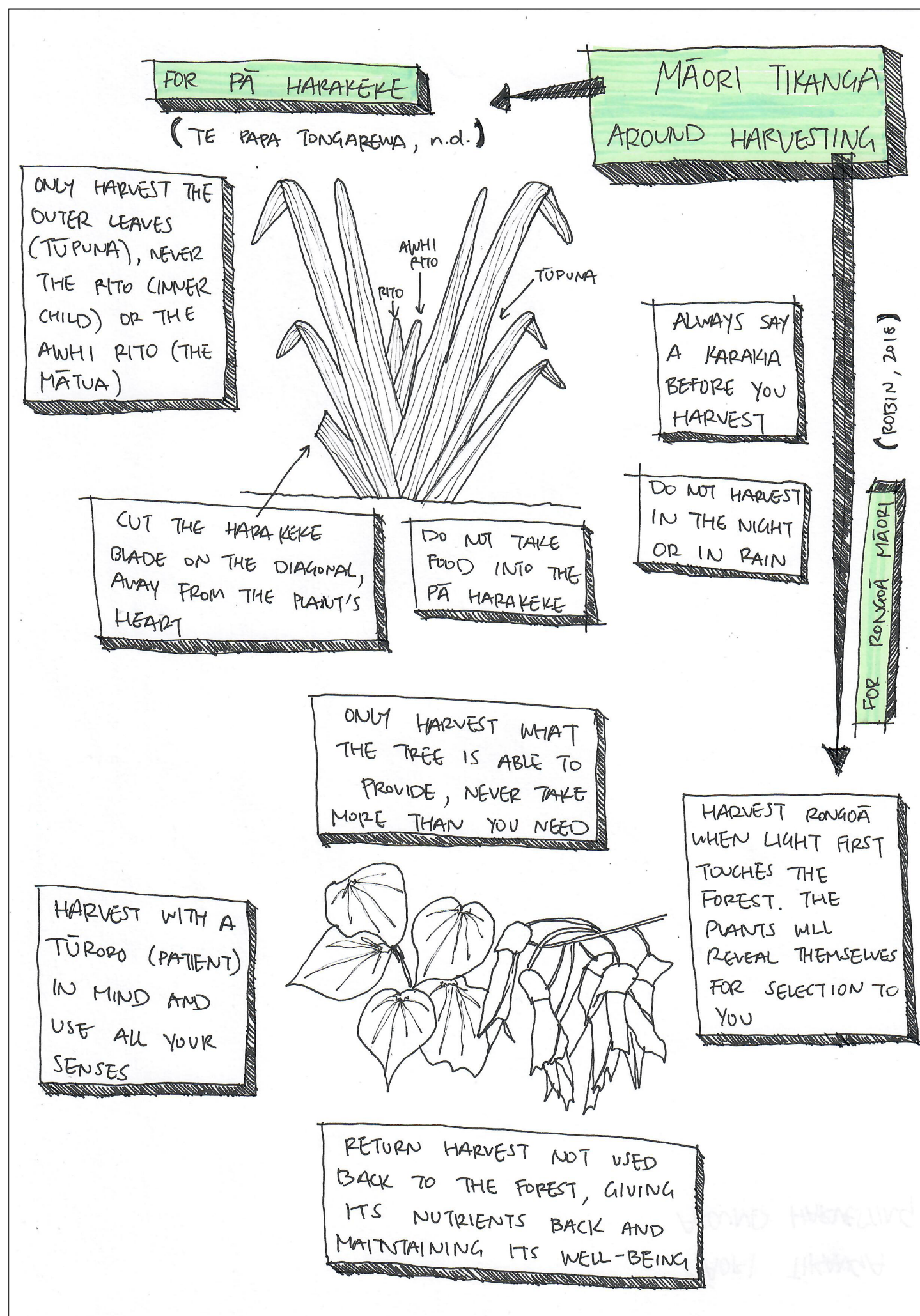
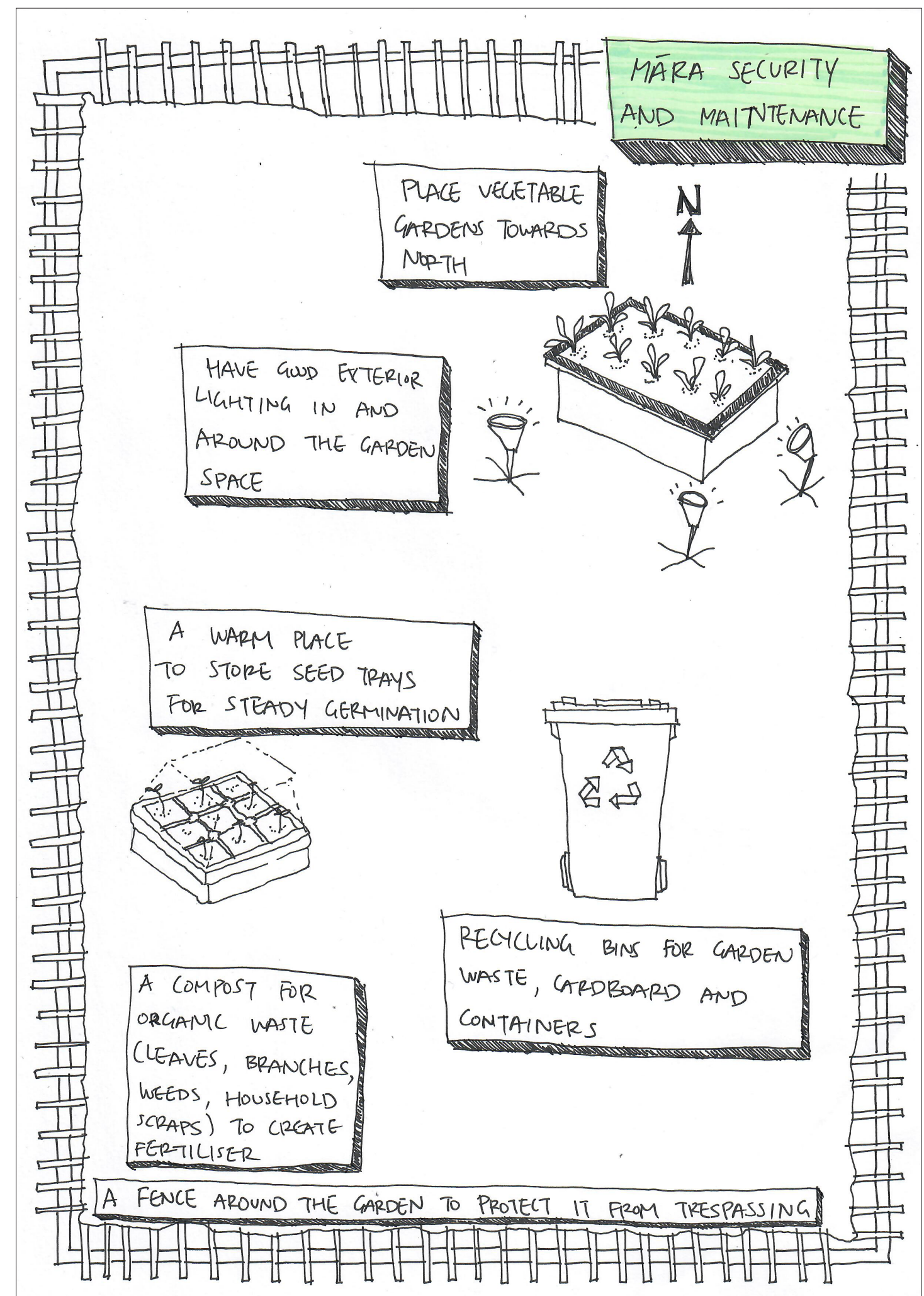


Figure 55. Catalogue of Best Practice Page 2.



85 Figure 56. Catalogue of Best Practice Page 3.

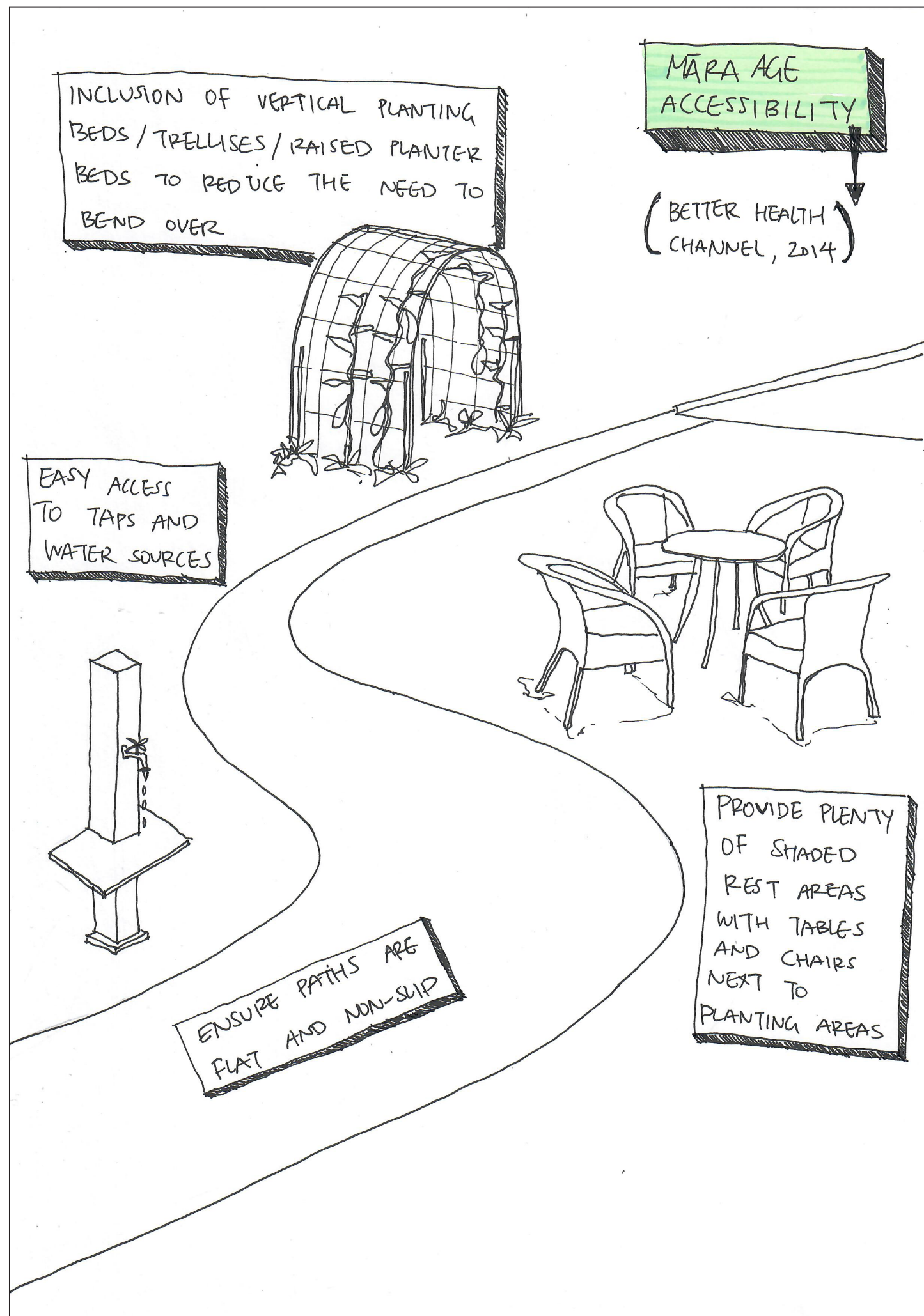
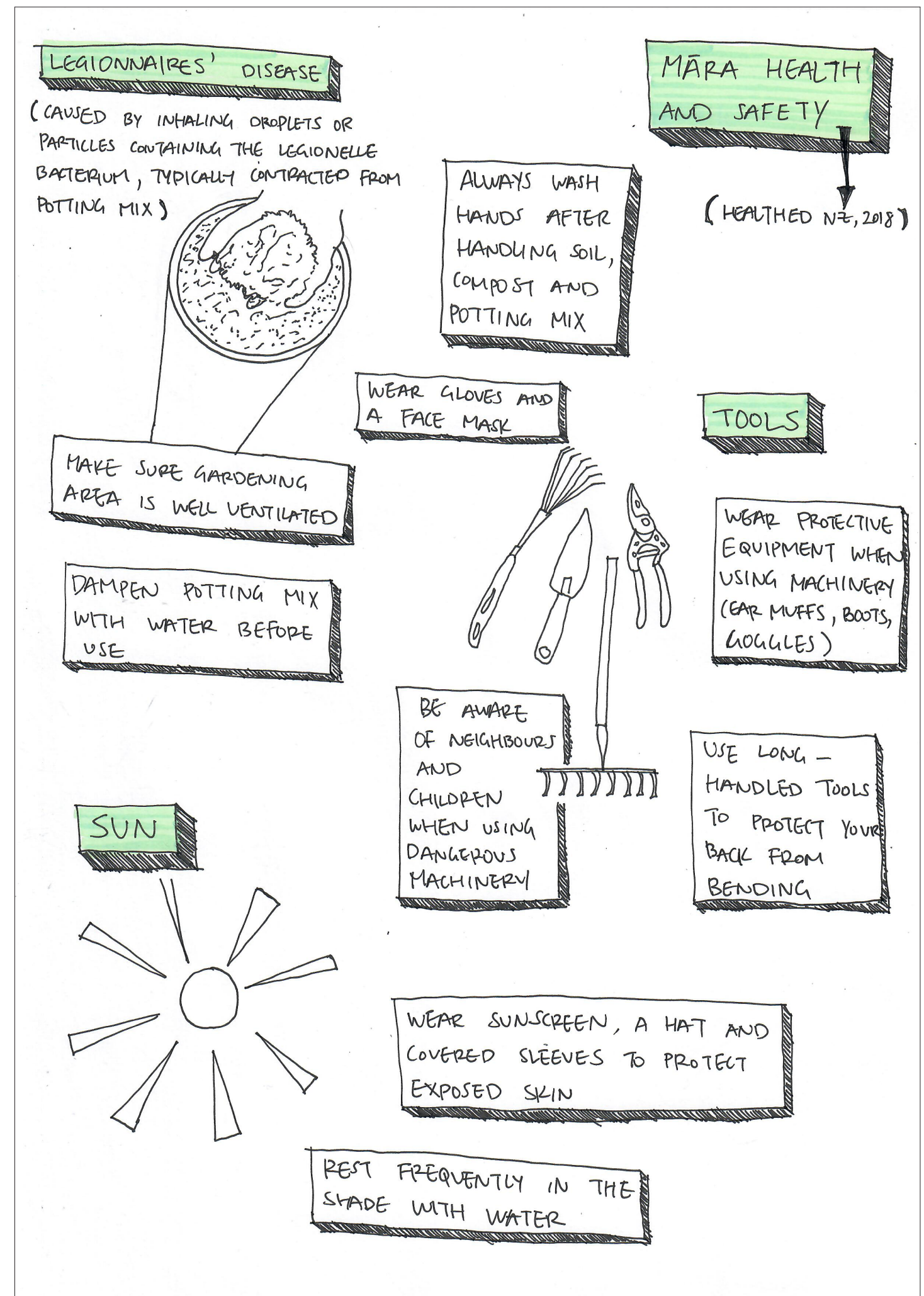


Figure 57. Catalogue of Best Practice Page 4.



87 Figure 58. Catalogue of Best Practice Page 5.

Chapter 7:

Grounding the Research: Design Proposal

There are both permanent and mobile architectural propositions that emerge from this design research: *Hui Kōrero*, a permanent building in central Avondale, and the *Three Waka*⁷, mobile interventions that traverse the Whau and wider West Auckland. These outcomes lie at the intersection between the top-down healthcare system, bottom-up local connected care and urban neighbourhood development (Figure 59), while finely-tuning themselves to Avondale's specific social-cultural-biophysical ecologies (Figure 60), presenting themselves as “enmeshed architectures”.

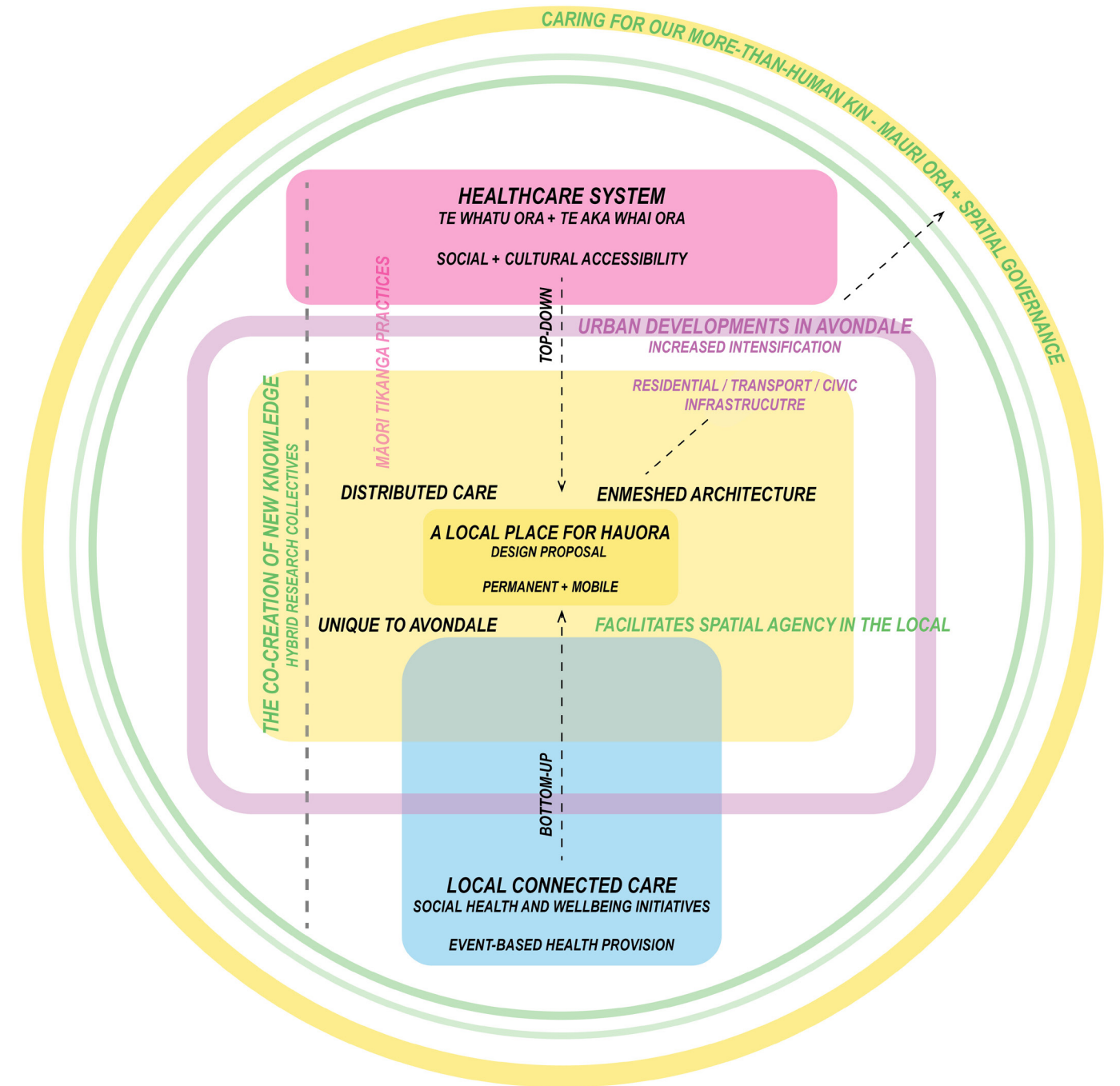


Figure 59. Overview of Thesis. Although located between both the healthcare system and local connected care, the proposal embraces bottom-up health provision in its approach to design for health. Annotated in green, the diagram illustrates how the project actively spatialises enmeshment.

⁷Waka is typically translated as ‘canoe’ in English, but also means ‘vessel’ or ‘vehicle’ (Te Aka Māori Dictionary, n.d.).

Figure 60. The Big Gesture. This image sets out the scope of the design proposal by drawing together the social, cultural and biophysical relations of Avondale. This includes the relocation of the current library and community centre, expanding residential developments, important main streets where many of the social initiatives are located and the key more-than-human entities. A distinction between how these ecologies are ‘connected’ versus ‘dispersed’ is made.

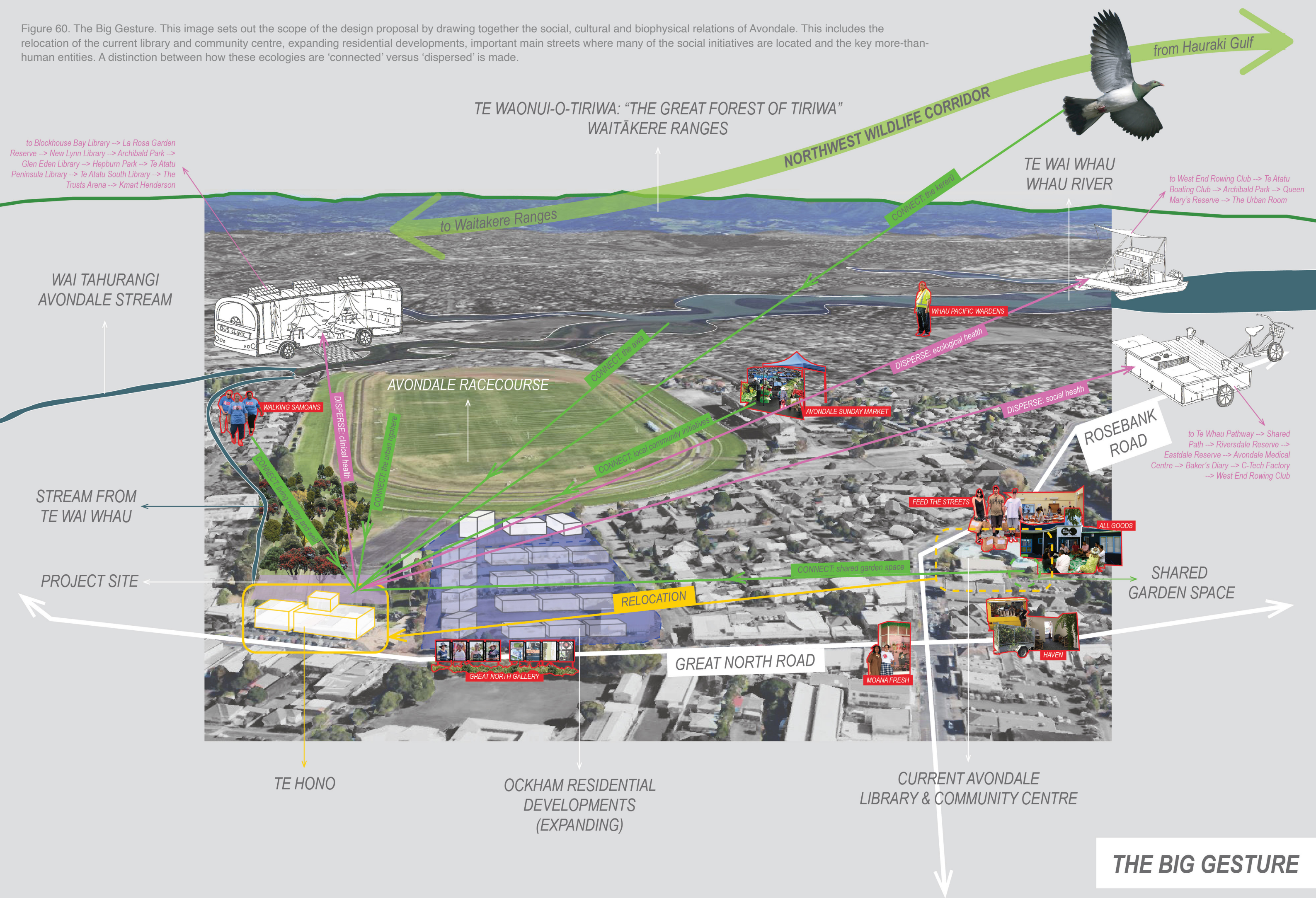


Figure 61. Hui Kōrero Site Plan.



Hui Kōrero: Permanent building

The permanent project, *Hui Kōrero* (a place to meet and discuss), is situated in Avondale Town Centre between *Te Hono* (to bind and connect), the soon-to-be multi-purpose community facility and the Avondale Racecourse. Through its relocation (from elsewhere in Avondale), Te Hono merges and introduces community facilities (library and community centre) but also loses others, such as a home for the Shared Garden Space and old raranga (weaving) space. The site for *Hui Kōrero* (behind Te Hono) is adjacent to Great North Road, the main street of the neighbourhood that is abundant with local shops and connections to public transport. As set out in Chapter 4, Avondale has a history of transient settlement, the waters of the awa and harbours creating this stretch of land to become a gathering place for all people. It is now a place undergoing rapid intensification through new transport, residential and civic infrastructures, and has a culturally diverse population. Enmeshing *Hui Kōrero* with the changing realm of Avondale adds a layer of reality to the speculative project. Seeing the—already prominent—effects of neighbourhood intensification, I wanted my proposal to be responsive and engage with these urban developments, rather than landing in Avondale as an alien structure with no connection to the town.

The scale and size of Te Hono is much greater than my proposition, sheltering it from the exposed hustle and bustle of Great North Road. In choosing this site, I conceptualise the two buildings to operate together; the former bringing people together in its larger-scale street-facing form (following its namesake), while the latter reaches out to those leaving Te Hono, creating a more intimate, collective and less fully defined space.

FIRST FLOOR

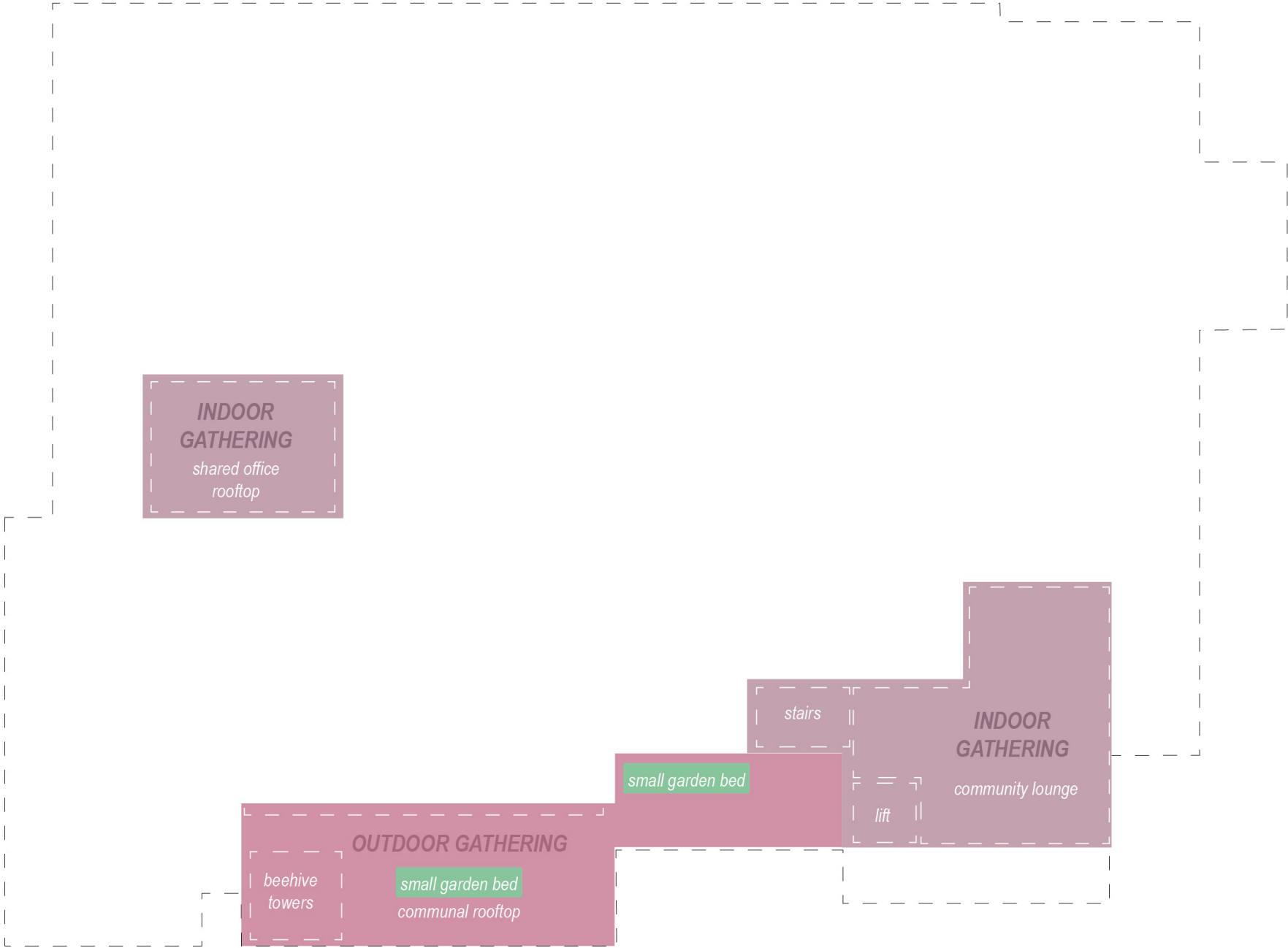


Figure 62. Programmatic Brief of Hui Kōrero - First Floor.

The brief for *Hui Kōrero* is to design a space that engages with all aspects of hauora in an urban location, manifested in activities that focus on collectively engaging with the social, cultural and biophysical; through mahi māra, kai, regenerating bio-species and bottom-up social initiatives. In this design, the programme is developed from an assemblage of bits and pieces that are ‘uniquely Avondale’, bringing together diverse activities not normally framed as health or ‘medical’ provision. The programme has come together from contextual research, informal conversations with Avondale experts, observations and new imaginings for the site, accruing through a final programmatic brief (Figures 62 & 63). The brief has developed alongside my project as an ongoing piece of work, and the first draft of my design brief can be found in Appendix D.

The site plan for the Te Hono community hub is organized into several key functional zones, each with specific activities and connections:

- OUTDOOR GATHERING:** Multiple areas for community events, including a large one at the top right and another at the bottom right. These areas are connected to the **TE KAI EATING** zones.
- TE KAI EATING:** Two main zones for food preparation and consumption, featuring tables and hanging pits. One area is noted as being done in the large commercial kitchen at Te Hono.
- MAHI MĀRA GARDENING:** Several garden areas, including a large one at the top left and another at the bottom right. These are connected to the **WORKING** zone and the **POCKET** zones.
- WORKING:** A central zone for work and shared office space, connected to the **OUTDOOR GATHERING** and **MAHI MĀRA GARDENING** zones.
- POCKET:** Several small, specialized zones for activities like zumba, tai chi, yoga, music, sitting, and kitchen work. These are connected to the **OUTDOOR GATHERING** and **MAHI MĀRA GARDENING** zones.
- INDOOR GATHERING:** A zone for indoor community events, connected to the **OUTDOOR GATHERING** and **TE KAI EATING** zones.
- DIRECT HEALTHCARE:** A zone for physical examinations, therapy, vision/hearing tests, blood tests, vaccination, and rehabilitation. This zone is connected to the **POCKET** zones and the **MAHI MĀRA GARDENING** zone.
- MOBILE:** A zone for mobile services, including bus parking and a bus stop. This zone is connected to the **MAHI MĀRA GARDENING** zone and the **POCKET** zones.
- Other Features:** The plan also includes a **barbershop**, **toilets** (accessible through the interior and exterior), **compost & recycling**, and a **hangar** for storage.

The plan is designed to be highly interconnected, with many zones having multiple access points and connections to other areas, ensuring a seamless and accessible environment for the community.

97

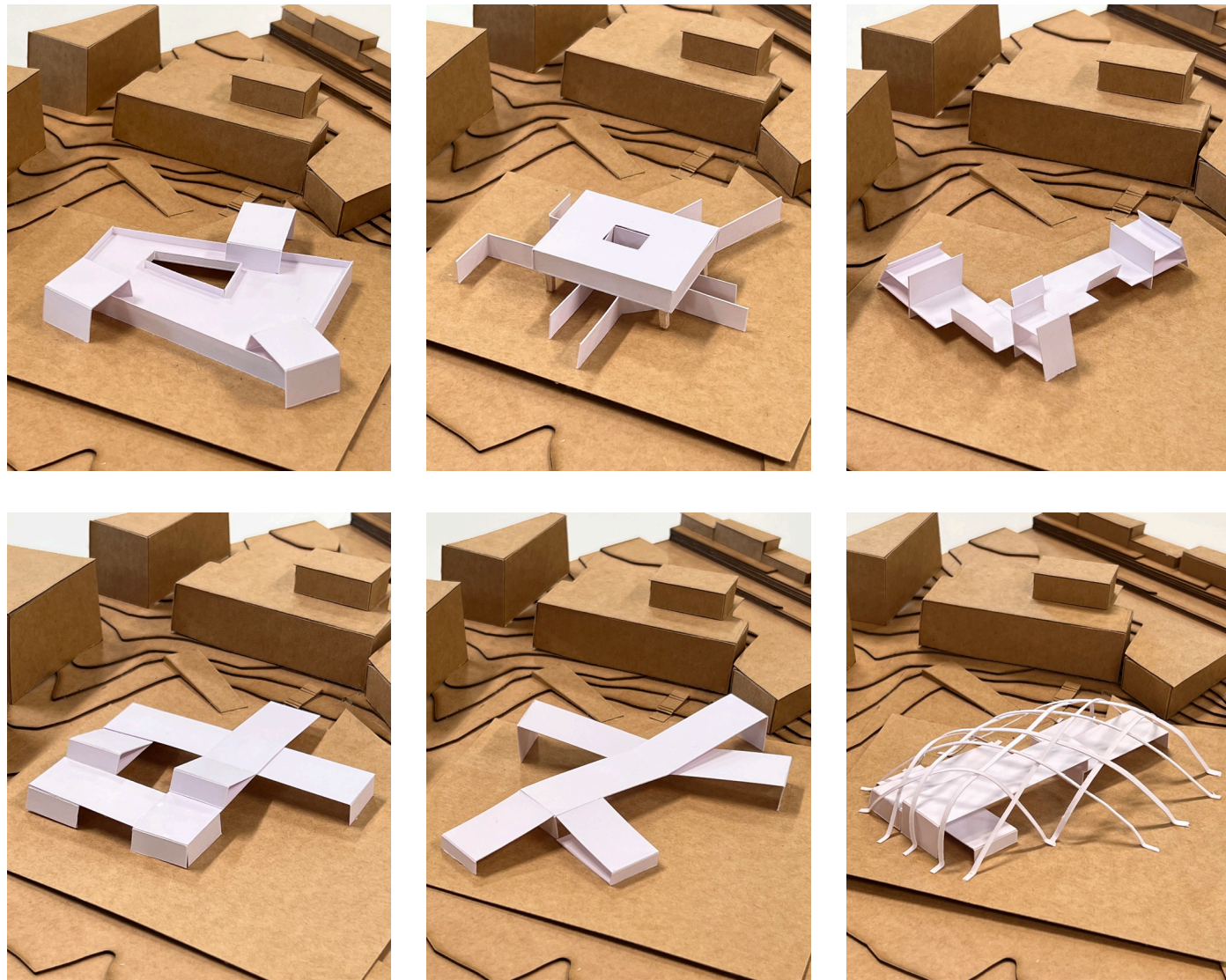


Figure 64. Conceptual Form Models. Thinking about an overall 'sprawling' building form on the site, I devised six models at 1:500 scale.

Figure 65. Iteration 4 of Permanent Architecture. The last design iteration before I began to develop my final concept. Combining section and photomontage was useful to test interior forms and connections between spaces. See a fully resolved version of this section with the final architectural outcome in Figure 88 (p. 124).





Drawing in the public space-use analysis of Avondale (see pp. 46-50), the design of *Hui Kōrero* has sought to generate swelling “edge” and “pocket” spaces. These communal areas have driven the architectural decisions of this outcome, informed by the type of spatial agency observed during my research and conventions outlined in the *Catalogue of Best Practice* (pp. 82-87). It is in the combination of the edges and pockets that moments of enmeshed connection between activities and neighbours are created.

Edge spaces are formed through the arrangement of plan into an ‘L-shape’, with a thickened veranda space. This can be seen outside the health clinics and barbershop (Figure 67). These elevated edges pragmatically lend themselves as waiting areas for an appointment or haircut, where a conversation between patients or young men can strike up. Reflecting the outdoor barbershop seats (see Figures 23 & 24, pp. 46-47), the arrangement of backs to the wall and faces to the street aid a sense of public security and prospect over the happenings of the garden and more public spaces. These extended verandas form a threshold space between an enclosed interior and the edge of the exterior. In comparison, pocket spaces are more fully contained than edges (Figure 68), encouraging group activity such as a hui in the whare kai (kitchen) or raranga (weaving). They can also create room for privacy, such as in the health clinics where an exam might occur. While edge spaces prop themselves against the wall, pocket spaces are shaped and held down by the roof, dictating a different type of threshold, one of verticality rather than in the horizontal plane.

The main roof of this building stretches past the walls, creating many vertical volumes through changing pitch directions and fluctuating single and double-height storeys



Figure 67. Working Model Frame 1. The edge outside the health clinics is sheltered from the overlapping floor of the communal rooftop on the level above. In this working model, a railing is shown on this edge, however this was later removed to increase the feeling of prospect this space provides as it looks across the gardens and tunnel house.



Figure 68. Working Model Frame 2. The whare kai—although indoors—opens outwards to face Te Hono and the vegetable gardens through lift-up doors and benches wide enough to seat people in the interior and exterior. The mezzanine level above the kitchen creates a similar moment of vantage through large windows, forming an edge on the main building from two distinct pockets and blurring the threshold between inside and outside.

(Figure 69), shifting where the sun can stream freely. In some sections, such as over the ‘central space’, the roof exists as only its frame, without any cover and is largely exposed. In other areas of the ground floor, such as the barbershop or clinic, the space is fully enclosed without any awareness of the roof. Above the raranga space is a focal curved roof (see axonometric, Figure 66). The exposed structure and variability of ‘open and closed’ roofs pays homage to architecture generated in Te Moananui a Kiwa⁸ (see Figures 72 & 73)—a place that many in Avondale also call home.

The various thresholds formed by the edges, pockets, walls and roofs are attended to further through articulating a “weather line” (marked in red) and “shoe line” (marked in blue), two boundaries that describe threshold spaces through climate and culture (see plan, Figure 74). The weather line draws a separation between the building’s enclosable edges, where doors and windows can protect the interior from wind and rain and keep warmth in. The shoe line responds to this continued juxtaposition of inside and outside, understood through many cultures where shoes are taken off before entering indoors. This line is imagined through activities in the plan, determining whether people might keep shoes on or off. The shoe line is illustrated as intersecting with the weather line by sometimes following it at times and drifting away at others.

While there is a distinction between the positioning of edges and pockets, they always open onto each other (Figures 70 & 76). The potential of these sheltered spaces exists in combining both types of gathering formations through the blurring of health provision.

⁸ For its Polynesian inhabitants, the Pacific Ocean and its islands are referred to as Te Moananui a Kiwi, the Great Ocean of Kiwi.



Figure 69. Working Model Frame 3. The fluctuation of vertical roof heights is illustrated. The open/enclosed pitched roof creates a double height volume on the ground floor and a single height volume in the veranda and communal rooftop, creating a sense of intimacy and shelter. The curve of the tunnel house is hinted at here, as well as its tangency to the main building, suggesting a loose L-shape form.

The roof structures of *Hui Kōrero* borrows a typology seen commonly in Pacific architecture. Below are examples of architectural forms referenced, including the haus tambaran and the fale. The post and beam structure that props up the gabled rafters of the roof is seen reflected in my proposal, occupying a sense of balance and openness to the building.

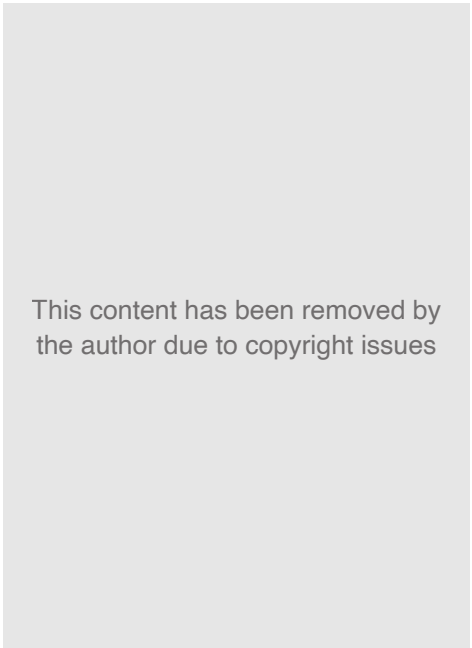


Figure 72. A Haus Tambaran in Papua New Guinea.

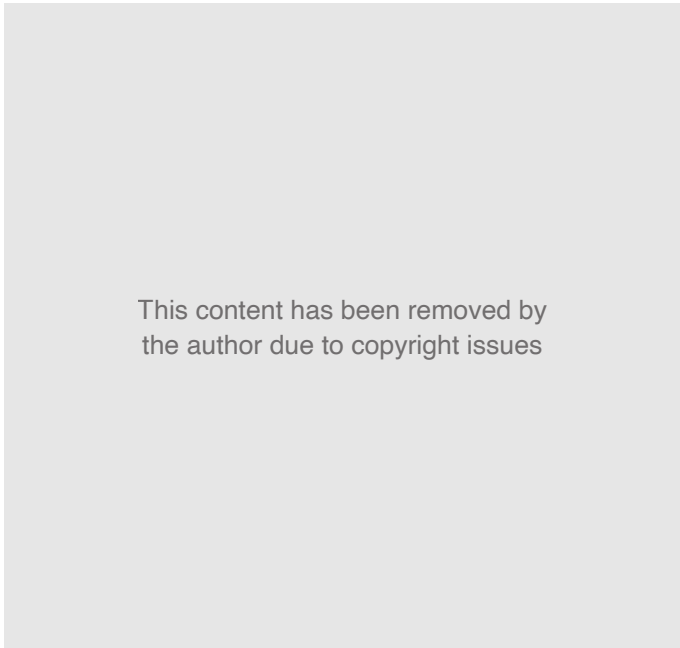


Figure 73. A Fale in Samoa.

Figure 70. Working Model Frame 4. The health clinic edge has a direct relationship with the barbershop edge. The barbershop is pushed back slightly in the final design to form a continuous swelling edge across both programmes. Large columns prop up the framing of the roof above for structural integrity and to lightly define another pocket space.

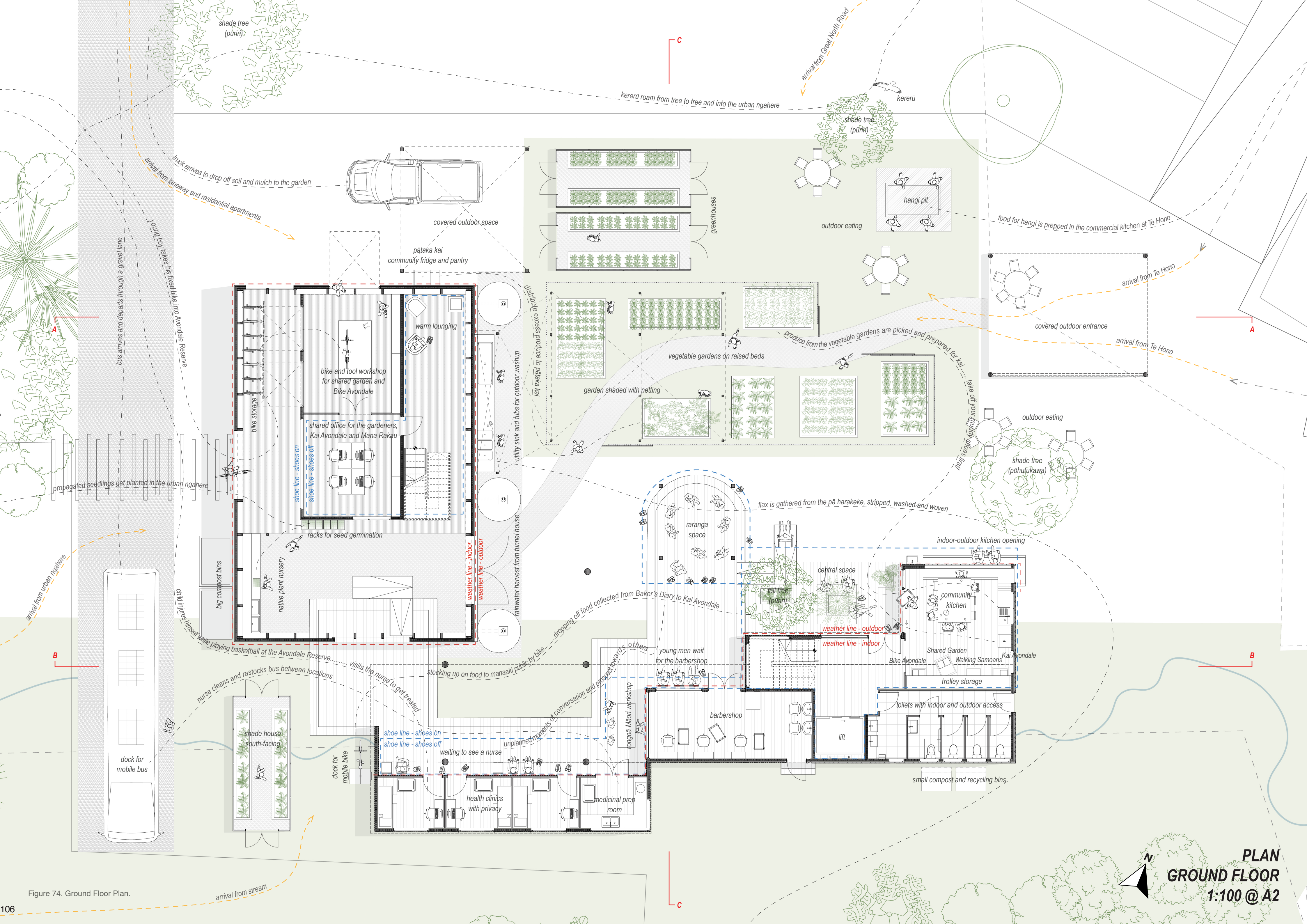


Figure 74. Ground Floor Plan.

PLAN
GROUND FLOOR
1:100 @ A2

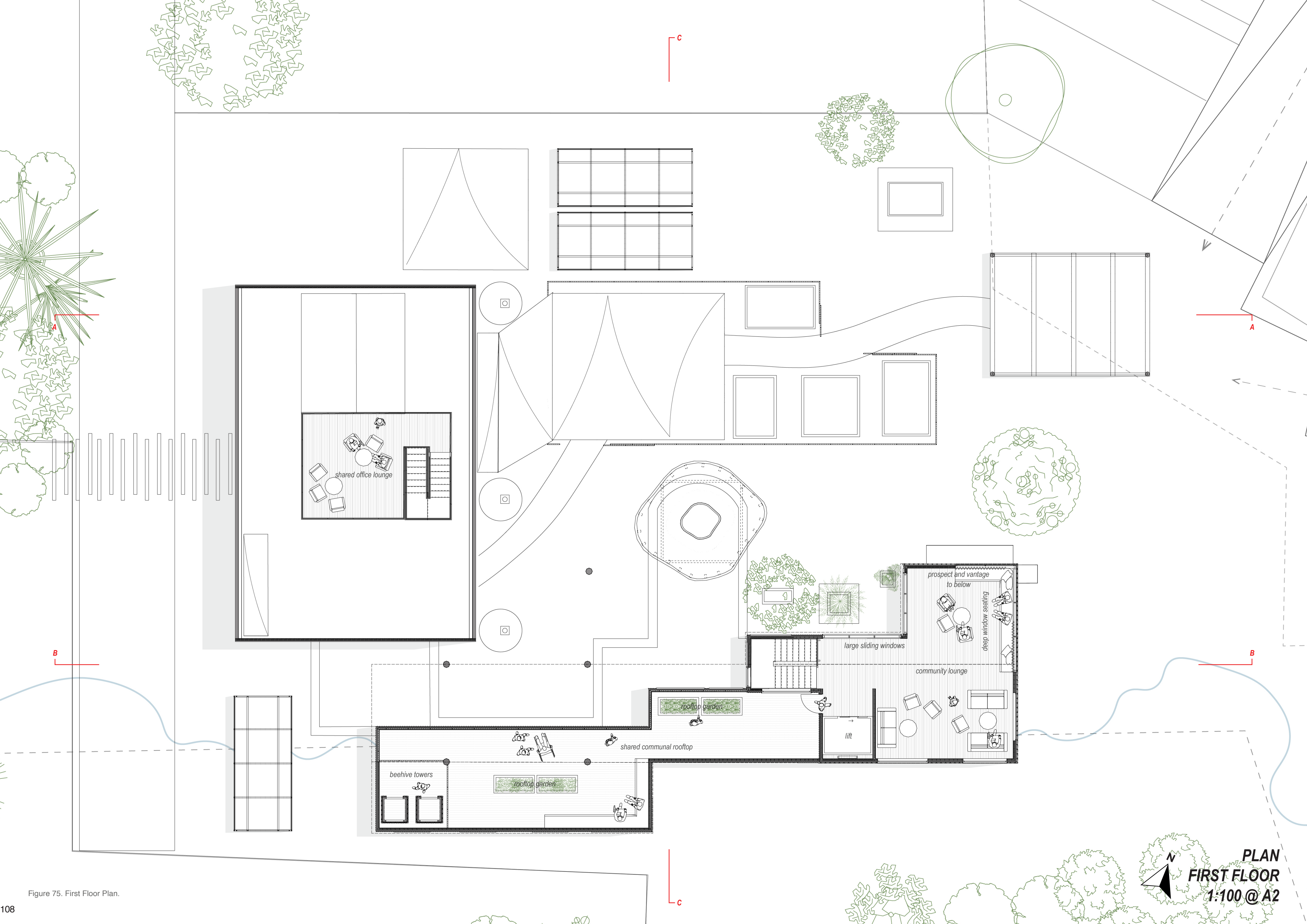


Figure 75. First Floor Plan.

It can be imagined that a nurse, heading from the clinic to kitchen to grab a cup of tea, might pass by a group of men who need to check their blood pressure. Simultaneously, perhaps a workshop on rongoā medicine or horticulture may be occurring, to which both the nurse and men watch. Such a collection of events brings together different types of health and wellbeing through casual exchanges between peers. This moment is subject to change daily, weekly, or even by the hour as it is occupied by a different nurse or group of men. An example of a combined pocket and edge space is located between the kitchen and a large pūriri tree (Figure 77), which invites avian species such as kererū into the building's vicinity. Likewise—as with the planter boxes at the Avondale Sunday Market (Figure 15, p. 41)—this 'central space' allows for communal seating. Still, it offers prospects to those seated towards the rest of the site, including the vegetable gardens and kai spaces. Facilitating unpredictable merges of programmes in this way makes deliberate space for incidental connections, interfacing everyday life with health provision. This interfacing spatially manifests the philosophical underpinnings of enmeshment, as discussed in Chapter 3. It is when different activities organically coalesce with others that the mutual production of new knowledge is formed. Spatial agency in these local places acknowledges these social interactions, addressing the need "towards multi-use spaces, structures that are adaptable, and projects that privilege the passage of time" (Awan et al., 2011, p. 58).

The proposed building engages with biophysical ecologies through its urban garden and speculative ngahere (forest). The mahi māra (gardening) spaces include vegetable gardens, greenhouses, shade house and rainwater tanks (Figure 78) inviting the community to reduce energy costs, cool urban



Figure 76. Working Model Frame 5. The barbershop edge and raranga pocket open up onto each other, where the young men sitting and waiting for a haircut are able to watch the weaving. Between the two spaces is the crossing between the 'central space' and kitchen to the health clinics, creating opportunities for informal 'bump space'.



Figure 77. Working Model Frame 6. At the forefront is the raranga space, raised off the ground with steps to form a veranda-like platform, leading to the barbershop behind. This pocket is sheltered through its focal curved roof, which sits underneath the exposed timber framing of the main pitched roof above, to which a tall pūriri tree pokes its branches through. To the left of the pūriri is the 'central space', a combination of both a pocket and edge space, positioned against the weather line of the building but also with tall planter boxes to allow for gathering.

heat islands and filter air pollution through local food production—which can be redistributed to the community through an open pantry and fridge. Tall beehive towers on the rooftop provide a haven for crucial bees, and a native plant nursery supports the germination and propagation of seedlings from felled trees in Avondale. The uncertain future of the Avondale Racecourse is responded to with the speculative proposal to use the Mile Start piece of racecourse land (likely to be acquired by the city at some stage) for an urban ngahere (see landscape plan, Figure 83), where gardeners can replant the propagated seedlings. This proposition acts as a green corridor to support the kererū and suggests an alternative use of the racecourse alongside the expected residential apartments.

The design of *Hui Kōrero* lands the research conducted in this thesis. The design cultivates the opportunities that lie in an enmeshment of health, navigated through the engagement of social, cultural and biophysical ecologies. *Hui Kōrero* becomes a site of spatial agency in Avondale; an “enmeshed architecture” that attends to the needs of bottom-up initiatives such as the Avondale Shared Garden Space, Walking Samoans, Bike Avondale and Kai Avondale (see Figure 16, p. 43) which are shifting during the ongoing intensification of the neighbourhood and as a result of broader economic, social and political forces. Complete through its use (Awan et al., 2011), and tended to by its various users, *Hui Kōrero* is not driven by the desire to be a monumental building in a town centre, but rather to define an architecture that will value and nurture existing and emergent initiatives in Avondale, furthering the proposition towards who will use it and how—human and more-than-human together.

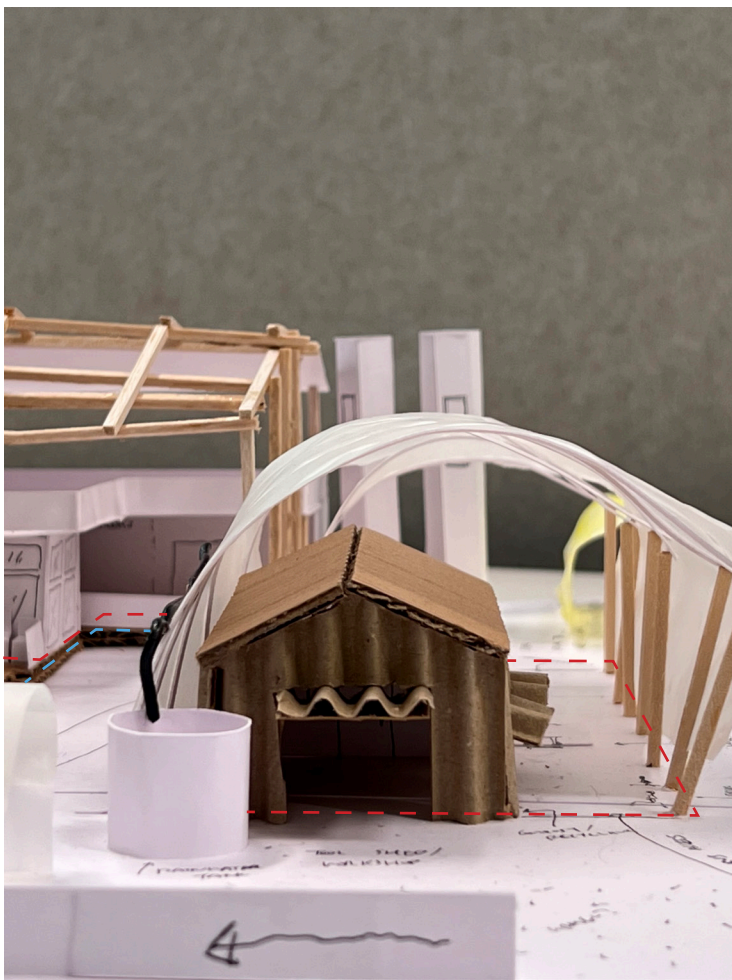


Figure 78. Working Model Frame 7. The agricultural-inspired tunnel house (see Figures 81 & 82) acts as a shell over the tool and bike shed, its translucency keeping the sun in and providing warmth. A gutter is mounted to the left of the tunnel house, lining this edge up with rainwater tanks and an outdoor washup area, becoming a fattened edge for mahi māra. A relationship between the frame and column of the pitched roof and the beams of the tunnel house is visible here.

Typically framed in steel and wrapped in polyethylene, polytunnels are used to keep heat within its interior for crops. The proposed tunnel house adopts and enlarges these simple typologies in scale, using glulam timber framing and a polycarbonate facade to provide spaces for a plant nursery and shared working.

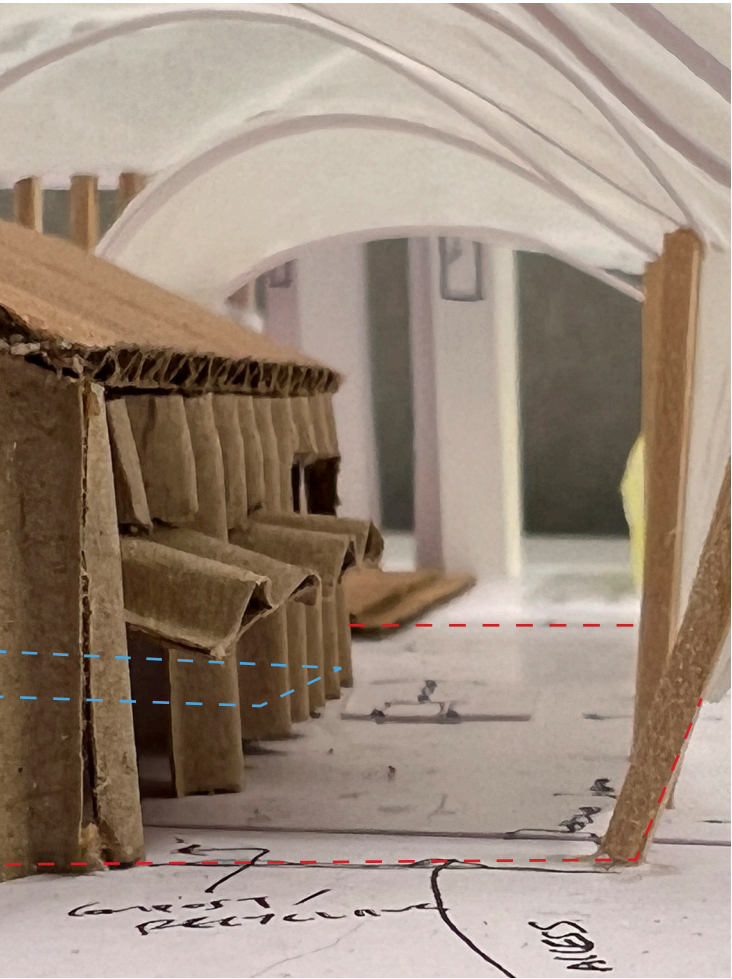


Figure 79. Working Model Frame 8. Circulation from outside and through the tunnel house. Lift-up doors along the wall of the bike workshop, similar to those in the kitchen, blurs the threshold between programmes, allowing people to move freely around the space. The office space, located behind the workshop, is shared between the initiative groups in Avondale.

Figure 80. Tunnel House of *Hui Kōrero*.



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Figure 81. Aerial View of a Polytunnel House at OMG in Auckland.

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Figure 82. Inside a Polytunnel House.

Figure 83. Landscape Plan.



LANDSCAPE PLAN
1:500 @ A3

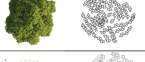
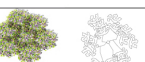
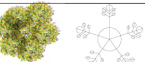
Type	Plan	Botannical Name	Māori Name	English Name	Height	Soil	Sun/Shade	Fruiting	Flowering
		Existing Tree							
Tree		<i>Cordyline australis</i>	Ti Kōuka	Cabbage Tree	20m	Dry, moist, wet	Full sun, full/part shade	Jan-Apr	Oct-Dec
		<i>Sophora microphylla</i>	Kōwhai		10m	Dry, moist	Full sun, full/part shade	Oct-Sep	Aug-Nov
		<i>Dacrycarpus dacrydioides</i>	Kahikatea		50-65m	Moist, wet	Full sun, part shade	Feb-Apr	Oct-Jan
		<i>Corynocarpus laevigatus</i>	Karaka		15m	Moist	Full sun, part shade	Jan-Apr	Aug-Nov
		<i>Vitex lucens</i>	Pūriri		20m	Dry, moist	Full sun, part shade	Jan-Oct	May-Oct
		<i>Metrosideros excelsa</i>	Pōhutukawa		20m	Dry, moist	Full sun, part shade	Mar-Apr	Nov-Dec
		<i>Beilschmiedia tarairi</i>	Taraire		22m	Dry, moist	Full sun, part shade	Mar-Nov	Nov
Shrub		<i>Phormium tenax</i>	Harakeke	Flax	1-5m	Dry, moist, wet	Full sun	Jan-Mar	Oct-Dec
		<i>Griselinia littoralis</i>	Kāpuka	Broadleaf	10m	Dry, moist	Full sun, part shade	Dec-Aug	Oct-Dec
		<i>Melicytus ramiflorus</i>	Māhoe	Whiteywood	10m	Dry, moist, wet	Full sun, part shade	Feb-Apr	Nov-Jan
		<i>Macropiper excelsum</i>	Kawakawa		2m	Dry, moist	Part sun, full/part shade	Jan-Mar	Aug-Nov
Fern		<i>Cyathea medullaris</i>	Mamaku	Black Tree Fern	20m	Moist, wet	Full sun, part shade		
Sedge		<i>Machaerina articulata</i>		Jointed Twig Rush	1.5m	Wet, in water	Full sun	Nov-May	Sep-Dec
		<i>Apodasmia similis</i>	Oioi	Jointed Wire Rush	1.5m	Dry, moist, wet	Full sun	Dec-Mar	Oct-Dec
Flower		<i>Viola</i>		Viola	30-40cm	Moist	Sun, shade		Summer-Autumn
		<i>Calendula officinalis</i>		Calendula	50cm	Moist	Sun, shade		Spring-Autumn
		<i>Chrysanthemum</i>		Chrysanthemum	25-30cm	Dry, moist	Full sun		Mar

Table 2. Planting Schedule.



LANDSCAPE SECTION
1:500

Figure 84. Landscape Section.

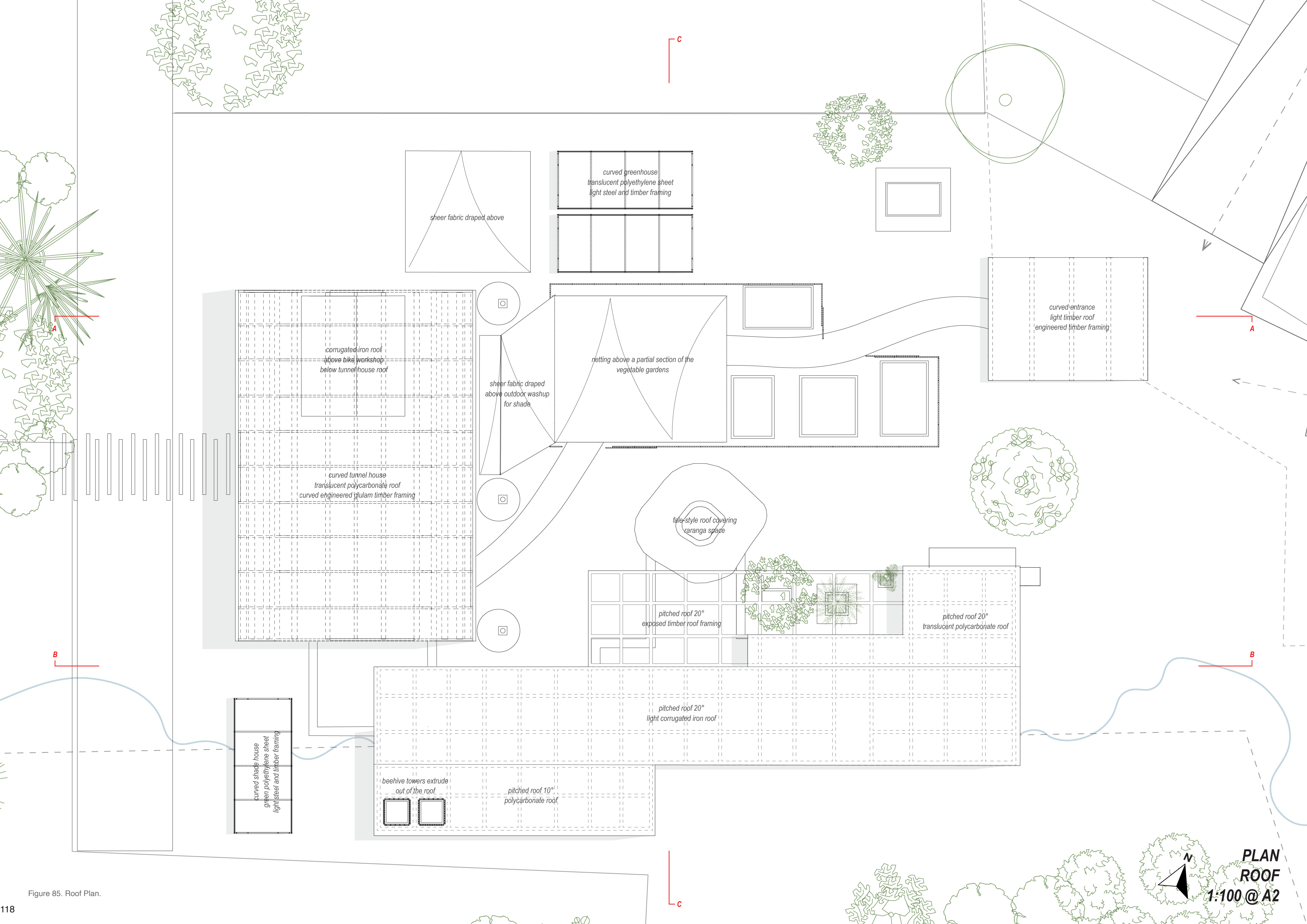


Figure 85. Roof Plan.

Figure 86. Section AA.

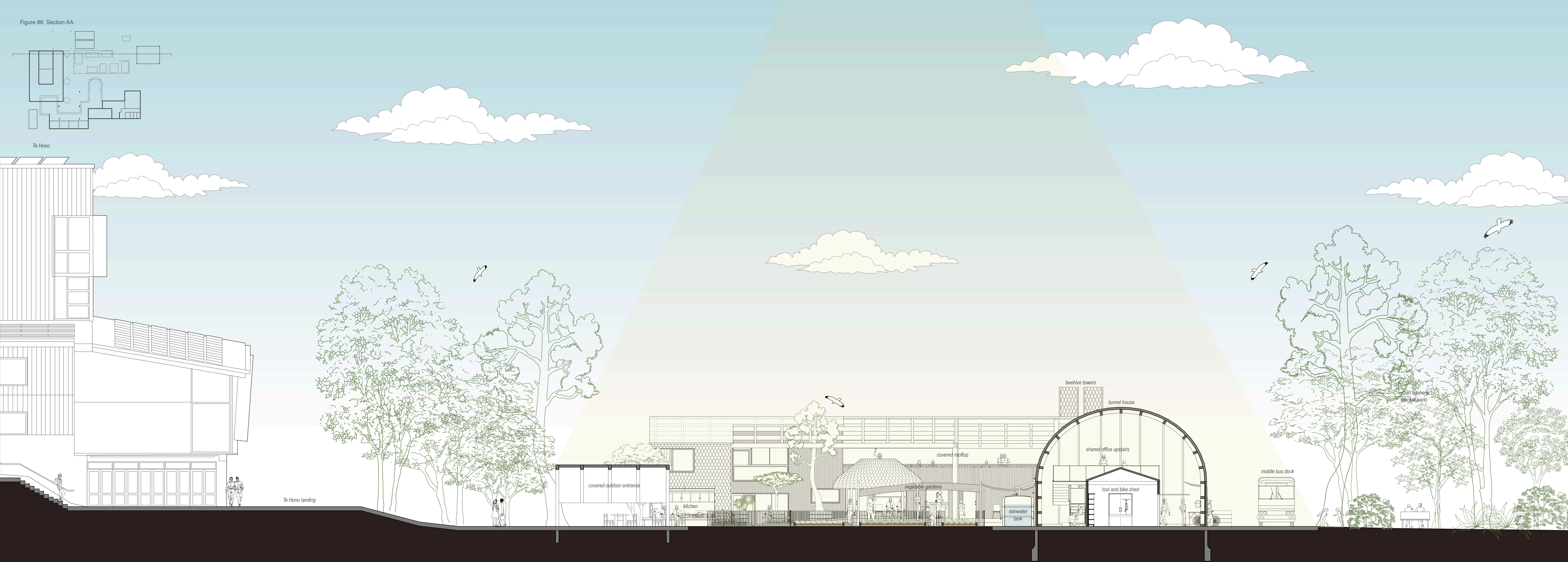


Figure 87. Section CC.

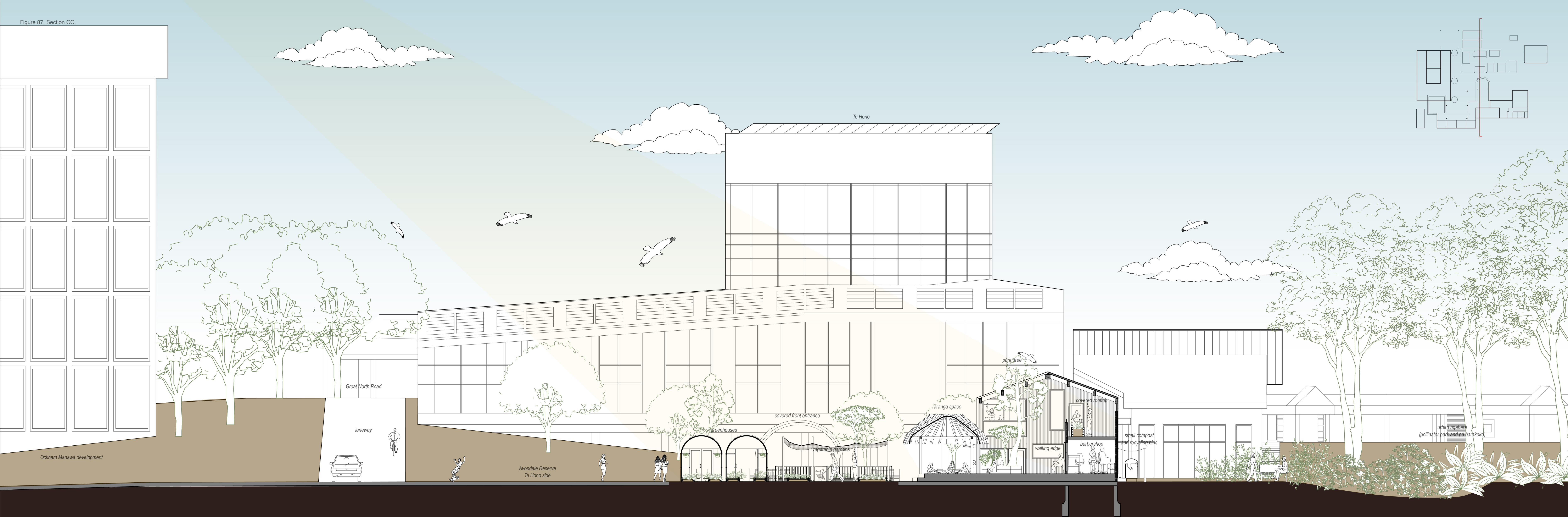




Figure 89. Hui Kōrero Perspective - Rooftop.



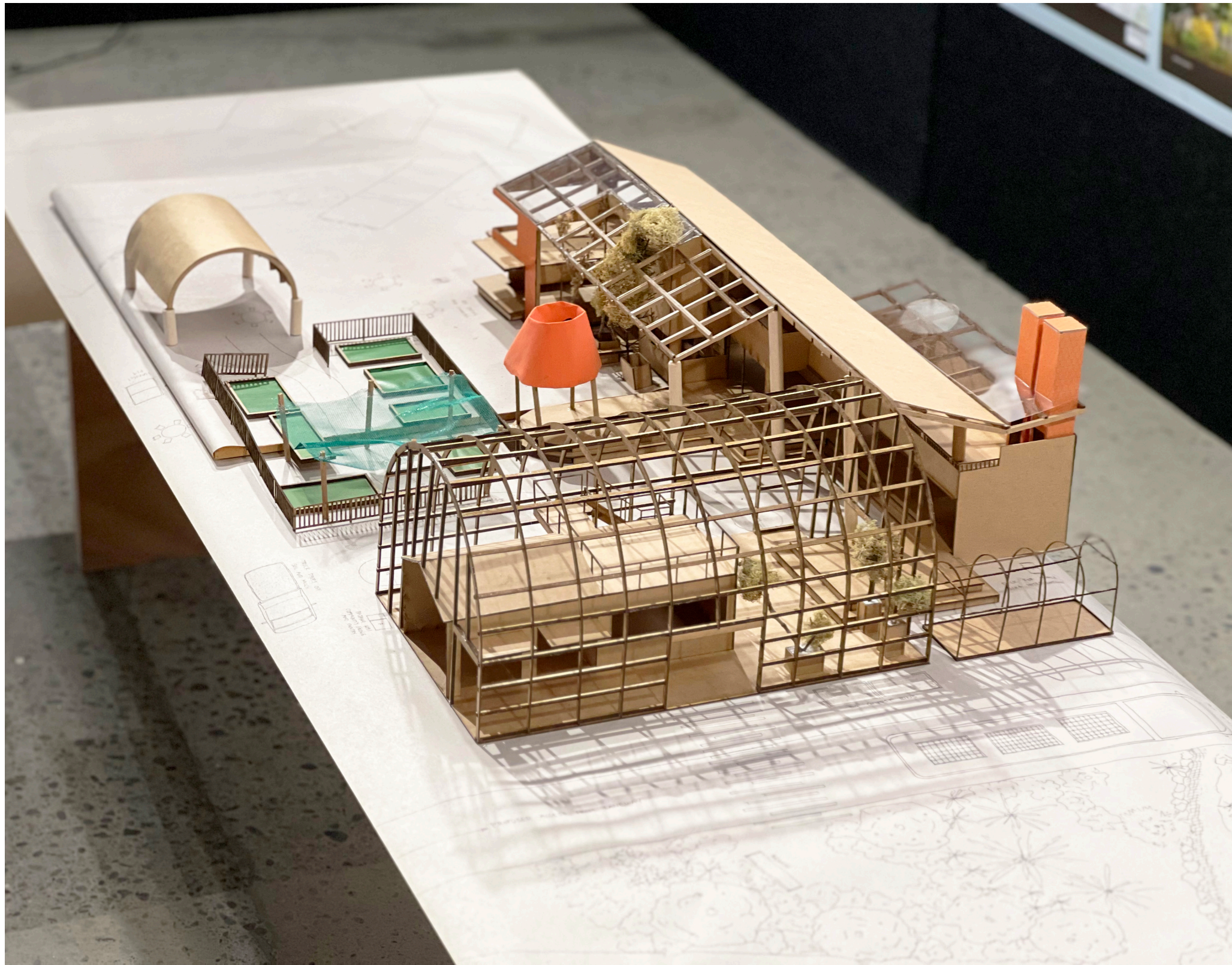




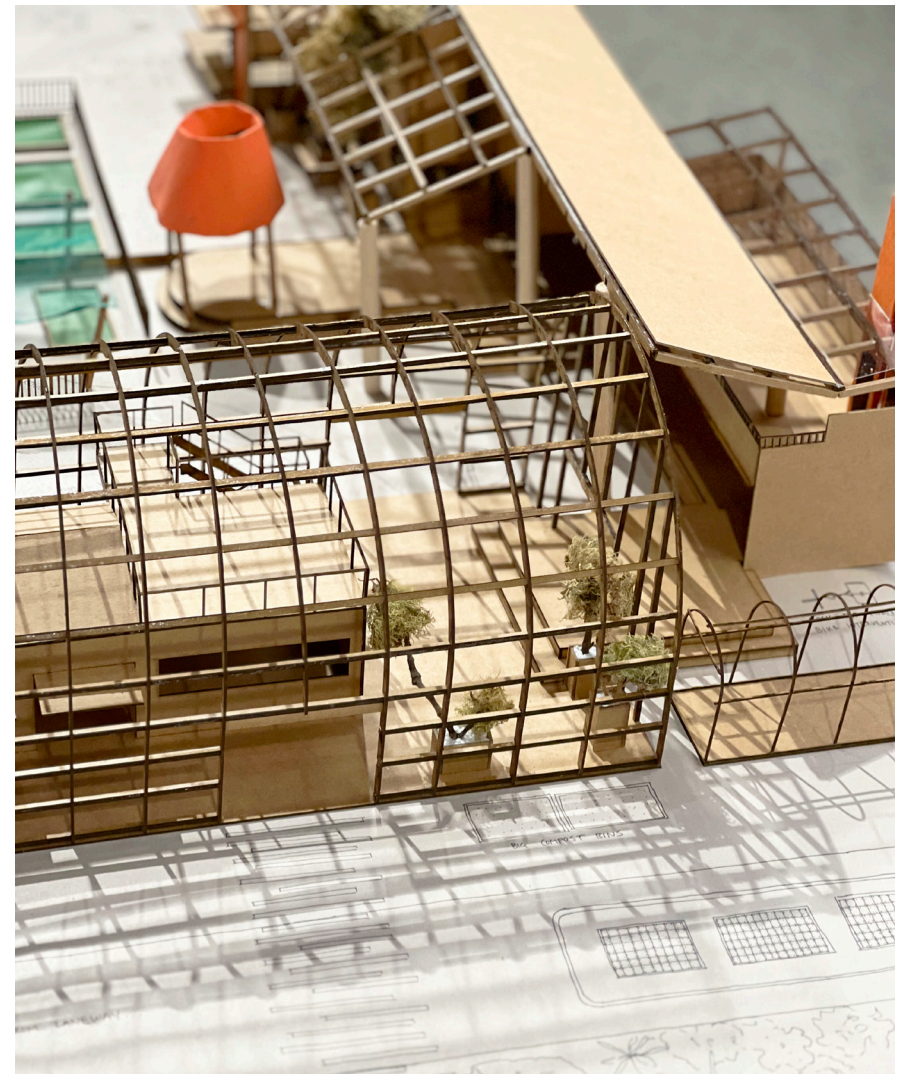
Figure 91. Hui Kōrero
Perspective - Native
Plant Nursery.

Figure 92. Hui Kōrero Perspective - Central Space.





Figures 93-97. Final Model.





Three Waka: Mobile interventions

Thinking about responsive social-cultural-ecological wellbeing throughout the wider Whau and Avondale area, I envisaged mobile interventions that could roam beyond the neighbourhood of the permanent building. These interventions are imagined to act as waka to disperse hauora-related activities among the community. The *Three Waka* are:

- *the bike*, local to Avondale, supporting social health
- *the boat*, to travel down the Te Wai Whau, supporting ecological health of the awa and whenua
- *the bus*, reaching areas beyond the Whau Local Board, to support clinical and civic health

In contrast to the permanent building, the outcome of the three mobile interventions are playful and whimsical. To spatially situate these transient architectures within the project, I have devised a series of routes for these interventions that interact with significant social and infrastructure nodes in this broader site.

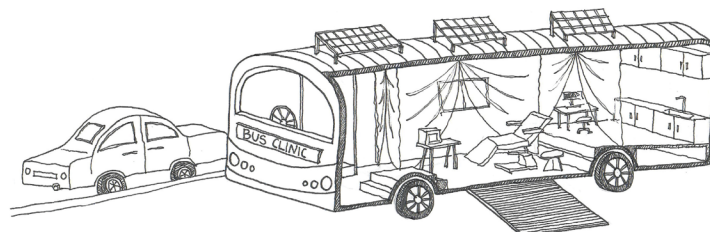
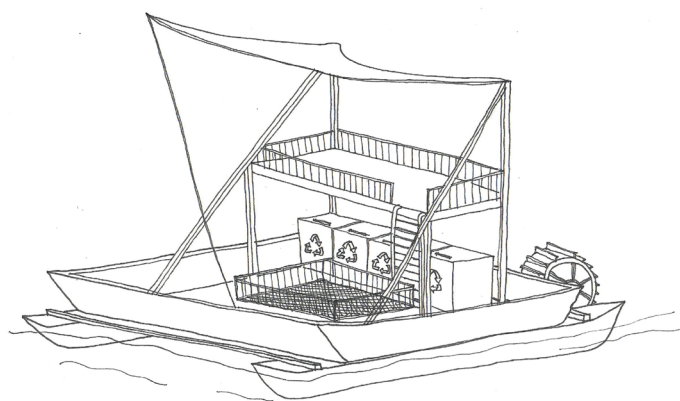
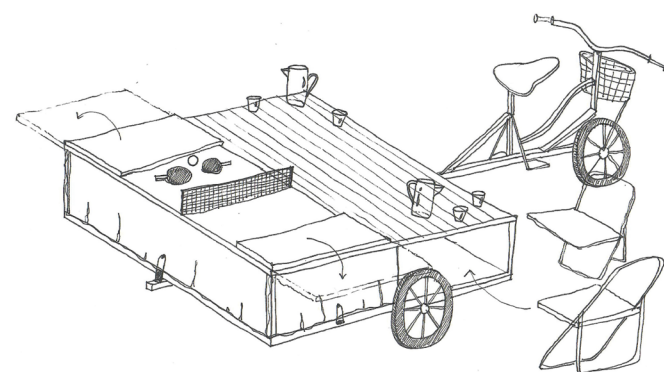


Figure 98. The Three Waka Drawings.

Figure 99.
The Bike
at Eastdale
Reserve.



The bike (Figure 99) is designed similarly to a mobile bicycle coffee cart, except shorter; a platform with two smaller wheels replacing the back wheel, and a simple timber construction forms a chest-like box. Closed, the chest becomes an impromptu table for cups of tea, while two ends can be folded outwards to create a wider surface for games such as table tennis. Light plastic fold-out chairs and any kai that may need transporting to and from different locations can be stored in the chest.

The bike route (Figure 100) is relatively localised in Avondale and, importantly, the Rosebank Peninsula. I propose a new bike path through the Avondale Racecourse—connected to Avondale Reserve—for the future as the area becomes built up residentially. In doing so, I create a direct route from the site to

the new Te Whau Pathway and, consequently, the New Lynn to Avondale Shared Path, which crosses with the pathway. Meeting up at parks, schools, factory car parks and bakeries, the bike can easily be ridden along the streets of Avondale to stop and offer easeful manaakitanga to neighbours, students and workers. The final stop for the bike would be the West End Rowing Club, where it physically and programmatically meets up with the boat.

MOBILE ARCHITECTURE ROUTE MAP - BIKE
1:14000 SCALE @ A3

- 1

Site
- 2

Te Whau Pathway
- 3

New Lynn to Avondale Shared Path
- 4

Riversdale Reserve
- 5

Eastdale Reserve
- 6

Avondale Medical Centre / Avondale Kiwi Chemist
- 7

Baker's Diary
- 8

C-Tech Limited Factory
- 9

West End Rowing Club

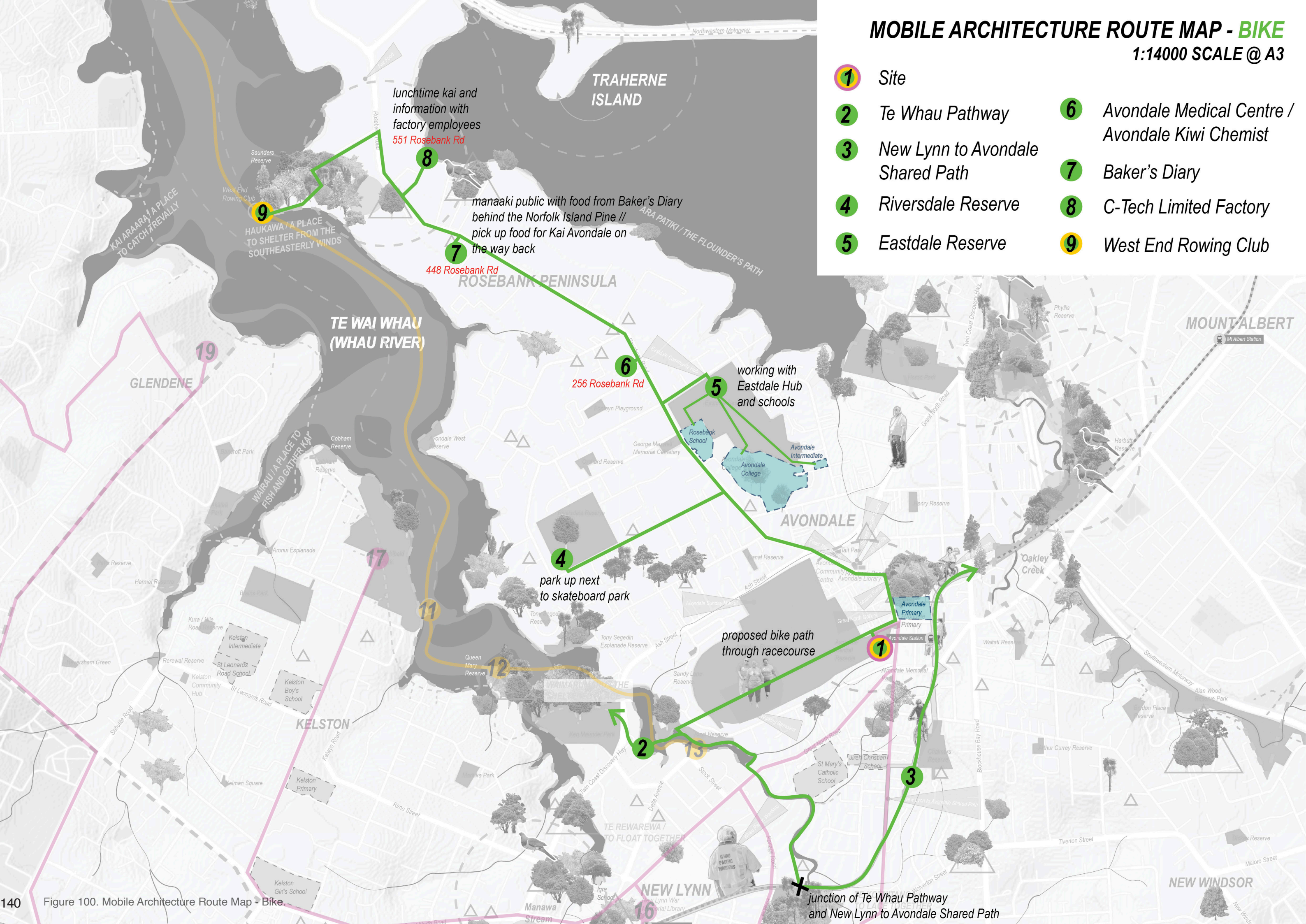


Figure 101.
The Boat at
West End
Rowing
Club.



The boat (Figure 101) is a double-dinghy structure, powered through a water wheel generator and floating on pontoons. The boat's aim is twofold; the first being to spread ecological advocacy for the awa, revitalising its presence as a course of circulation and movement, rather than a drain. A small upper level, sitting on light timber posts, offers a platform for advocacy. The second aim for the boat is to collect rubbish and pollution. A debris catchment net lines the bottom of the boat, and categorical recycling bins on board make it easy to sort through litter collected then and there. A tarp is stretched overhead to provide shade from the sun when floating down the awa on a sunny day.

The boat begins its route (Figure 103) of Te

Wai Whau at the West End Rowing Club. This is also where Te Kawerau ā Maki call Haukawa, a place to shelter from southeasterly winds, protecting the journey ahead before it moves up towards the mouth of the river and back down. The boat finishes its route on a newly proposed wharf off the corner of Delta Avenue and Stock Street in New Lynn at The Urban Room⁹, an urban interior at the water's edge of Te Wai Whau which reintroduces the

⁹ *The Urban Room* (as part of the Muddy Urbanism Lab, AUT 2021) is an MArch(Prof) thesis proposal by Rebecca Burgess. I am acting as though her proposal exists on the site for the purpose of my project, creating a relationship between speculative architectural proposals along Te Wai Whau.

brickworks industry in the area (Burgess, 2021). The new wharf extends from an existing one along the edge of the awa (Figure 102). In proposing this alongside *The Urban Room*, the boat reinforces the reconnection of contemporary New Lynn to its past as a 'maritime suburb' (Burgess, 2021).



Figure 102. New proposed wharf at The Urban Room. Note: this drawing is adapted with the insertion of the proposed wharf (drawn in blue). The original plan by Rebecca Burgess (2021).

Figure 104.
The Bus
at The
Trusts
Arena



The deeper intention for the *Three Waka* is driven by the desire to continue the exchanges of enmeshed health from *Hui Kōrero*, the permanent building, into the wider West Auckland area. In doing so, these interventions respond to the notion of public healthcare accessibility (see Chapter 2). I present these mobile interventions to disperse healthcare outwards, countering its traditional centralising (hospital as campus) role in our system. While their physical spatiality is explored creatively here, I believe that the more significant role that the bike, boat and bus play in this research belongs to their routes and locations. However, both the routes and design of the *Three Waka* are needed to work in reciprocity to understand how a travelling architecture can arrive and perform its duties within the everyday sites of life in an epiphytic way.

The bus (Figure 104) draws inspiration from a dental bus, retrofitting the interior to allow for a sink, a small computer desk and a medical chair for a patient. A small 'walk-up' window allows quicker provision when required, and solar panels are mounted to the top of the bus at 30° to generate its own energy. The bus is expected to be occupied by different health groups frequently, such as for the dentist, mammograms or vaccinations. Other organisations can also use it for civic health, such as informative set-ups for voting, employment or education.

The bus route (Figure 105) has a much further reach than the bike or boat; it is intended to move beyond the Whau area into the surrounding suburbs on the other side of the

awa. These mainly exist in the Henderson-Massey Local Board area (Glendene, Sunnyvale, Te Atatū South/Peninsula, Lincoln and Henderson) and Glen Eden as part of the Waitākere Ranges Local Board. The bus would likely stop in the carpark of a local library or community centre, usually recognised as the area 'hub'. However, in some neighbourhoods, I have chosen parks or commercial locations as better sites for hosting this waka.

MOBILE ARCHITECTURE ROUTE MAP - BUS

1:28000 SCALE @ A3

- 14

Blockhouse Bay Library

15

La Rosa Garden Reserve

16

New Lynn Library

17

Archibald Park

18

Glen Eden Library

19

Hepburn Park
- 20

Te Atatu Peninsula Community Centre & Library

21

Te Atatu South Community Centre

22

The Trusts Arena

23

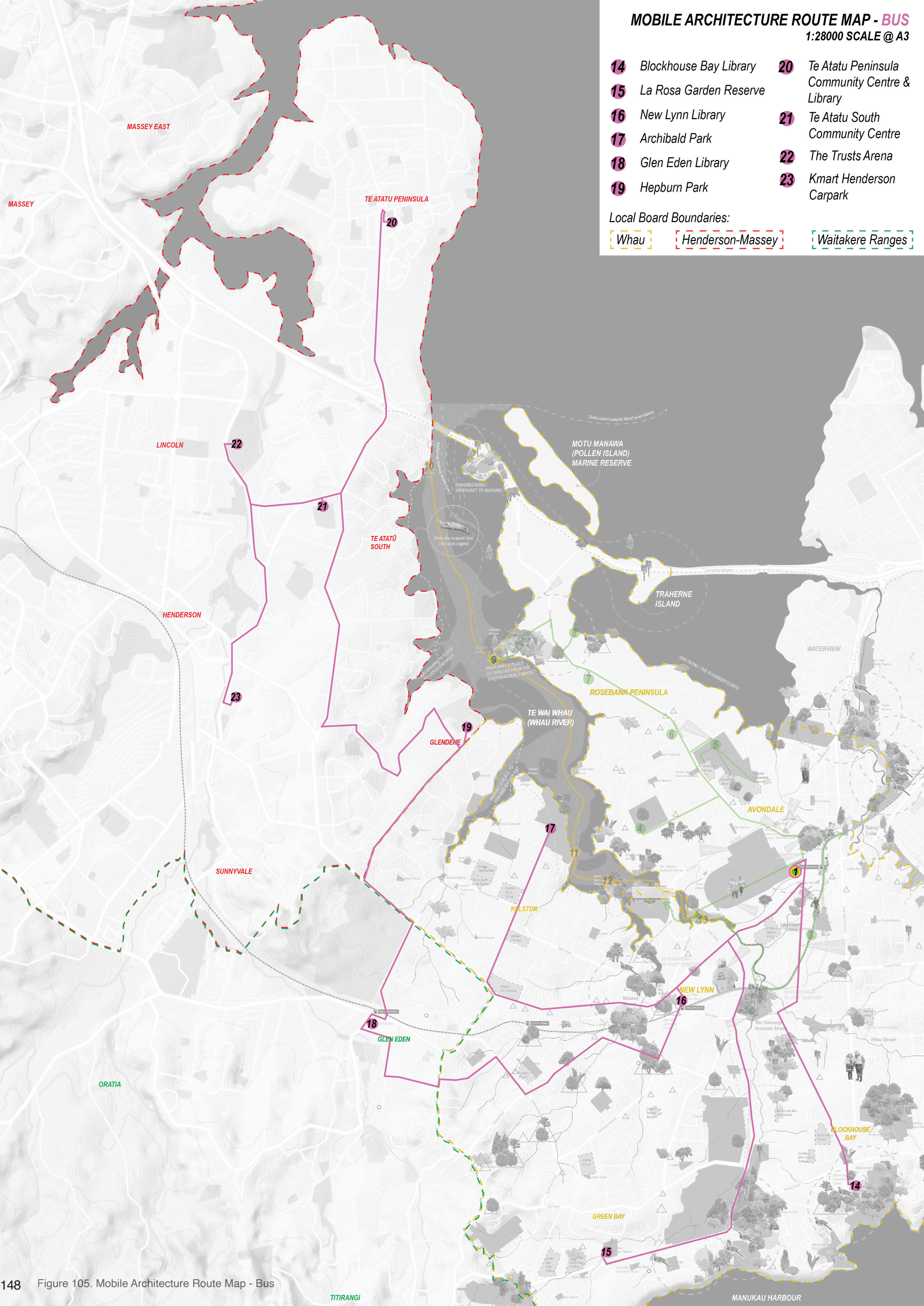
Kmart Henderson Carpark

Local Board Boundaries:

Whau

Henderson-Massey

Waitakere Ranges



Chapter 8: What Did I Find?

The design research set out to explore: *in the context of our current healthcare system and local initiatives, “How can we enhance the opportunities that lie in an ‘enmeshed spatiality’ of health through connecting with the ecologies of the local environment?”* This final chapter of the thesis outlines the significant discoveries made throughout researching and producing an architectural outcome for *A Local Place for Hauora*. Four findings emerged; three of the design research itself, including how event-based provisions of health result in spatial agency, how mapping and photomontage can shift spatial governance and the necessity of informal architecture in the local. The last finding reflects on how this thesis has impacted the way I might practise as a future designer.

Event-based health provision results in spatial agency and ahi kā

In my quest to investigate alternative healthcare provisions to the institutional kind, I turned to local initiatives as a connected way of approaching health. This perspective viewed health as a way of living embedded in the daily routine, through self-driven activities such as weekly group walks or maintaining the community garden. These initiatives described a way of health as event-based, responsive to its context, rather than space-based, where the building dictates a very structured and formalized health procedure. A significant example of event-based provision were the Māori vaccination events organised by *Te Whānau o Waipareira*, which used informal community locations to deliver healthcare in an environment of familiarity and manaaki with others. It became evident that a collective approach was key to bettering hauora in the community, and the various ways these groups chose to use space showed me a sense of agency taking place in the local area. I understood the concept of spatial agency through Awan et al. (2011), who describes social relations as where agency is born and takes action. This connection between event-based health and socio-spatial agency was a crucial finding for me, as it combined my contextual research with design research. Through this discovery, I imagined how my proposed programme could create opportunities for these ‘events’—gardening, raranga, healthcare, and conversation—to take place and engage with health more radically. In doing so, I hoped to strengthen the spatial agency, and therefore the ahi kā in Avondale, so residents could create healthier, sustained futures for themselves.

Mapping and photomontage are methods to shift spatial governance thinking

Mapping and photomontage were the two methodologies I employed in this design research, guided by the overarching framework of valuing, nurturing and defining from muf architecture/art and J&L Gibbons. Photomontage was a way of working that I had already established in my previous design processes; however, it was never consciously adopted as a methodology and had only been used as a form of visualisation beforehand. Mapping was not a methodology I had engaged with properly, but I was interested in its ability to collate specific information about a place. Coming across the muf/Gibbons framework during my research was pivotal, as it helped me land the processes I was already undertaking into three clear stages. This finding pushed the boundaries of my design research and allowed me to think about the work I was conducting much more deeply.

Following the discovery of the muf/Gibbons model, mapping and photomontage then became tools to shift the thinking of spatial governance as one that could support neighbourhoods undergoing large-scale urban developments. I questioned how local areas could be planned in ways that helped the regeneration of critical more-than-human species and social initiatives from the bottom-up rather than the traditional top-down approach. By mapping different social-cultural-biophysical ecologies in Avondale, I valued what already existed there, uncovering the layers of local spatial governance in operation. I used mapping not only to reveal these but also to advocate for them, wanting these ecologies to become a core part of my design. Photomontage then nurtured these existing operations through the creative speculation of what was possible in this space. The loose

propositions allowed me to test them further through a more developed proposal. This major link between multiple ways of working catalysed the way I performed my design research as more than idea building; it spurred expansive, high-level thinking about wider governance systems.

Informal 'architecture' is necessary for the local

The notion of the local is rooted deeply in the centre of my research, and I have often referred to its operation as informal; an idea evident in the work of Callon and Rabearisoa, the Costa Rica EBAIS model, Teddy Cruz, Melanie Dodd, Awan et al., and muf/ Gibbons. They discuss informal exchanges of knowledge and bottom-up relations to create a collective urbanity that is unique to the local. I found that these arguments around the informal were not just for me to research passively but were also performed by me as part of the thesis; my illustrative and relational mappings of Avondale were a direct result of the informal investigations and conversations I conducted. Recognising the impact of such informal processes on my research revealed that I should embody them through my design. From this realisation, I paid close attention to architectural articulations such as covered open spaces, veranda spaces, and 'pockets and edge' spaces. I believed that creating spaces for informal gatherings could be a way to continue the informal operations of Avondale and even foster them to grow stronger. These spaces also seemed imperative in a rapidly developing neighbourhood, where the uncertainty of community amenities and the need for temporary-use space is becoming more prominent. To me, the assemblage of such spaces as fundamental to the workings of the local was a key finding to the outcome of my design research, and I aimed to create an

architectural proposition that could evolve through organic local use and change.

New tools for future practice

One thing I am grateful for in completing this year-long project is the collection of new processes I have gained to take with me into the way I practise in the future. Much of the learning from this research was new knowledge to me, and I developed multiple tools to aid my understanding. Two examples stand out: my *Catalogue of Best Practice* and the process undertaken to create the landscape design for my proposal. I formed the *Catalogue of Best Practice* to collate information about being a responsible practitioner in Aotearoa through investigating Māori tikanga and protocols. Although some of the information included is not directly related to the outcome of this thesis, it continues the future thinking for ways that cultural and physical safety is considered in practice. I imagine this catalogue being continuously added to, acting as a storehouse of knowledge for myself going forward. Techniques to understand new knowledge were also found when I engaged with the biophysical ecologies of the kererū and the ngahere. Producing the landscape design documents (plan, section and planting schedule) was daunting; the realm was uncharted territory for me. I developed a process of finding an existing tool to guide my research about the ecologies before adapting that original tool to understand how I could test it through my design. The broader outcome of this process means that I have now developed a methodology for approaching topics I am unfamiliar with; a way of learning that I can take with me into the future when I need to gain familiarity with complex topics.



Figure 106. Axonometric Close-up.

Conclusion

This thesis, ***A Local Place For Hauora: An Enmeshed Architecture within the Interconnections of Everyday Life***, has asked, *in the context of our current healthcare system and local initiatives, “How can we enhance the opportunities that lie in an ‘enmeshed spatiality’ of health through connecting with the ecologies of the local environment?”*

Located in Avondale and paying careful attention to bottom up initiatives through following a methodology of ‘valuing what is there’, the thesis synthesised this research to develop an architectural outcome in two parts. The design grounds these ideas and tests how the hauora of Avondale might be strengthened through various spatial interventions within the sites of everyday life.

Hui Kōrero assembles an eclectic programme of kitchen, hangi pit, vegetable gardens, native plant nursery, bike and tool workshop, shared office, health clinics, barbershop, raranga space and beehive towers. Through fluctuating vertical heights and an L-shape plan, the building generates swelling ‘pocket and edge’ spaces, facilitating informal collective activity. It is edged by an urban ngahere, integrating hauora with wider biophysical and planetary health. The *Three Waka* are mobile interventions that prompt the potential for health to be distributed outwards into the community, through different modes and scales. This combined proposition re-imagines what an “enmeshed architecture” for health in Avondale could be.

The project revealed itself to me slowly over the course of this thesis, each new piece of research adding significance to the wider context of the project, peeling back a different possible programme in every time. The programme evolved to encapsulate my developed sense of the term *enmeshment* where I decided to, instead of singling out one ‘typical’ programme, respond to many of them through my architectural proposition. This was accomplished by drawing relationships to seemingly unconnected ideas about the local, distributed and event-based healthcare, more-than-human entities and so forth. Findings from this research include specific spatial forms, approaches to understanding health as an event and my own orientation to understanding tikanga for my ongoing practice. It is through this process of inquiry where I realised that these different notions are intrinsically connected, intertwined so tightly together that to choose to ignore certain aspects completely would be impossible.

Examination

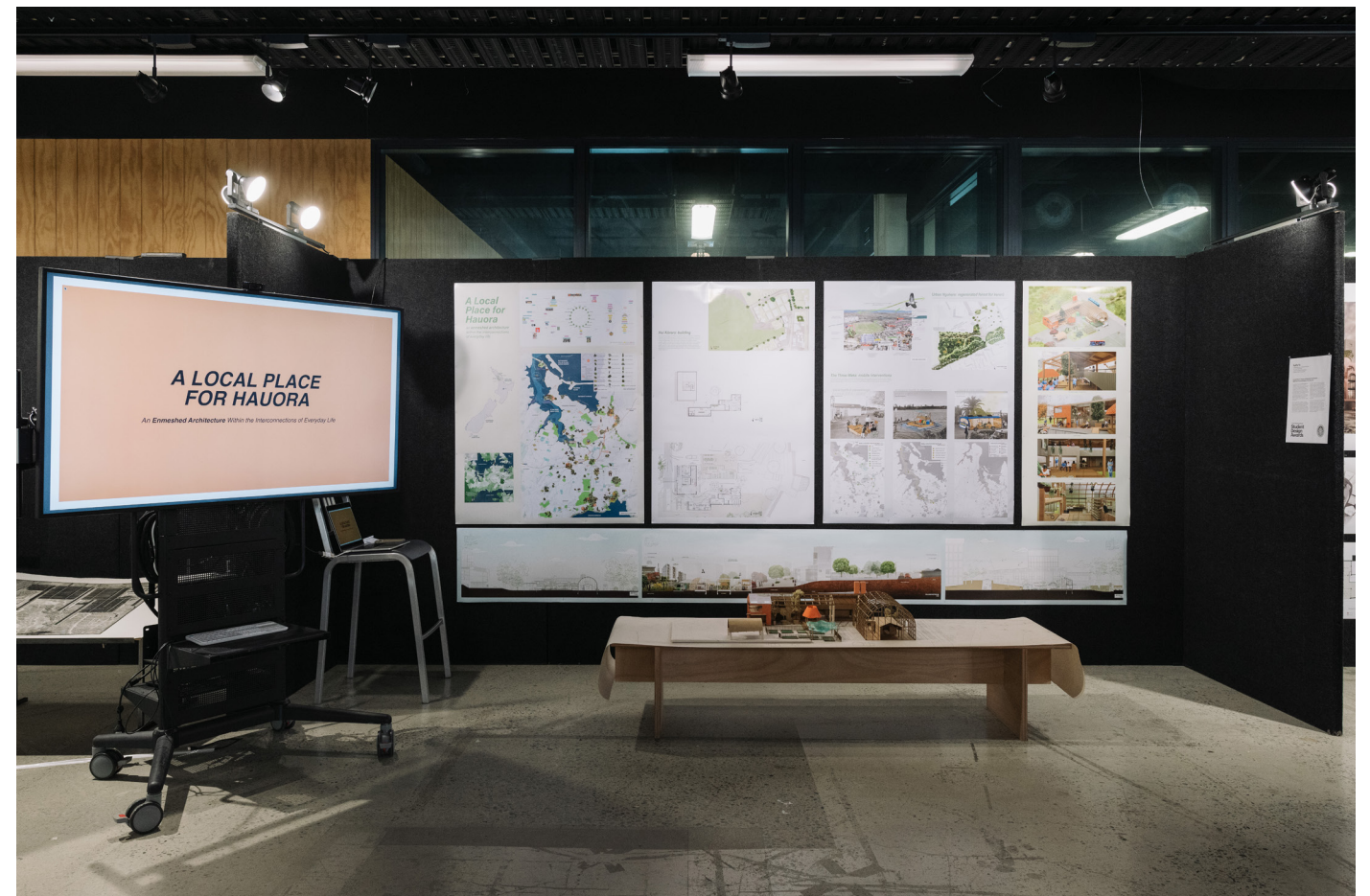
On the 17th of November 2022, the examination for this thesis project took place in front of friends, family and guests. It was presented once more on the 30th of December as part of the [NZIA Student Design Awards](#) at the Wellington School of Architecture. The discussions in both these instances were of great significance and value, as it was a chance for other academics and professionals within the architecture, design and healthcare industry to engage in a kōrero about this year-long project.

To my contentment, the overall consensus among those I presented this work to was that it was a project which challenged the traditional ideas and processes around architecture. This was a positive comment to receive as that was the wilful intention of this research; to push for the enmeshed approach to architecture. Such a way of holistic thinking was discussed as entirely positive, especially in the current times of rapid urban intensification, where the idiosyncrasies of neighbourhoods must be honoured when planning new buildings. The recognition for this approach was also validated in the appreciation for my methodological efforts, particularly for the various mapping conducted of the area. The Whau Ecologies Map was not ignored during the presentation but was included both when I was discussing the project and in the following remarks. I was pleased to hear about the potential mapping such as this could bring for communities gaining awareness of what is occurring in the biophysical, social and cultural spaces within different neighbourhoods.

The three parts to my project—*Hui Kōrero*, the *Three Waka* and *Urban Ngahere*—were seen as successfully working separately as well as together. It was clear from the discussion that the deep understanding of everyday life was

key to this success, and that knowing your ‘local’ and engaging with the existing activities and relationships were critical to laying strong pathways to better hauora. Kōrero around the adaptability of my proposals pointed out the transformative nature of the enmeshed approach, and comments around how the tactics/manoeuvres/strategies I developed could be seen in various other urban projects was empowering and affirming to hear.

The design of my project and each of its parts was largely driven by programme and wider urban strategies, rather than by design. While this was appropriate to the research project and my approaches to broader spatial governance thinking, I believe that in some aspects, it led to less craftful design decision-making in the architecture I proposed. For *Hui Kōrero*, this includes aspects of the building’s materiality, construction and interior spaces—which were raised as questions during my examination. Although the *Three Waka* were presented as whimsical interventions, it would have been nice to develop these further as well to continuously test their operations in ‘reality’. Playing with the aspect of time, particularly for the *Urban Ngahere* could also have been an engaging way to further contemplate the overarching consideration for the future of Avondale.



Figures 107-110. NZIA Student Design Awards.

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Appendices

Appendix A:

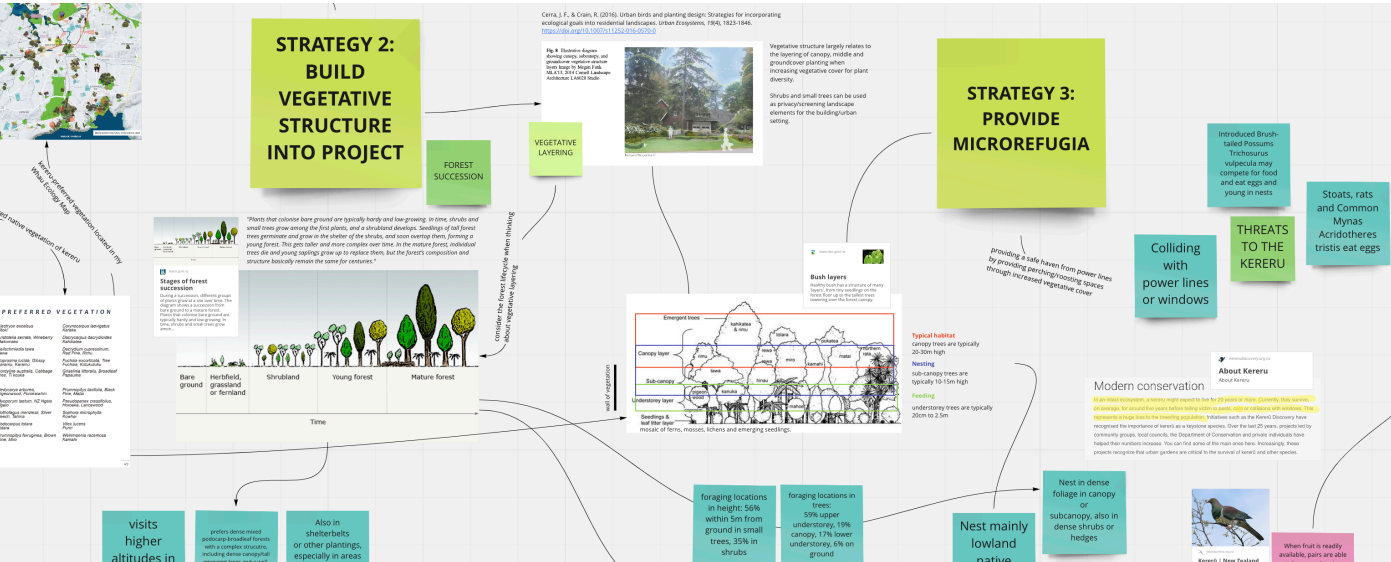
Kererū and urban ngahere process

Biophysical ecologies were explored through ecological research on the kererū and native trees as taonga species’ which have a reciprocal hauora relationship. The process developed while working with these biophysical ecologies in a design context was largely self-developed. It initially relies on Cerra and Crain’s (2016) matrix as a reference to provide context for ecological research before I adapt their tool to inform a landscape design for an urban ngahere.

Cerra and Crain’s (2016) matrix tool outlines design strategies for enhancing avian species richness (Table 3), providing a basis for landscape design for birds in urban areas. The original matrix lists general suggestions for enhancing all birds, which I found too vague to be of any specific use for my project. In response to this, I decided that altering the approaches to cater to the kererū would be more useful in gaining a deeper understanding of the topic. As a result, a cyclical process of understanding the matrix and gathering, adapting and testing biophysical information

was developed. The information collected was summarised through a concept map (Figure 99) where I attempted to make sense of how knowledge on the kererū’s behaviours was relevant and applicable to each design strategy. Gathering information was followed by re-summarising it in my adaptation of Cerra and Crain’s tool (Table 4). Once adapted, the new knowledge informed the creation of a landscape plan, section and planting schedule, testing the information through design.

Figure 111. Kererū Concept Map. A concept map was used to quickly gather relevant information on the kererū/native trees and align it with each of the five design strategies. See the full concept map on [Miro](#).



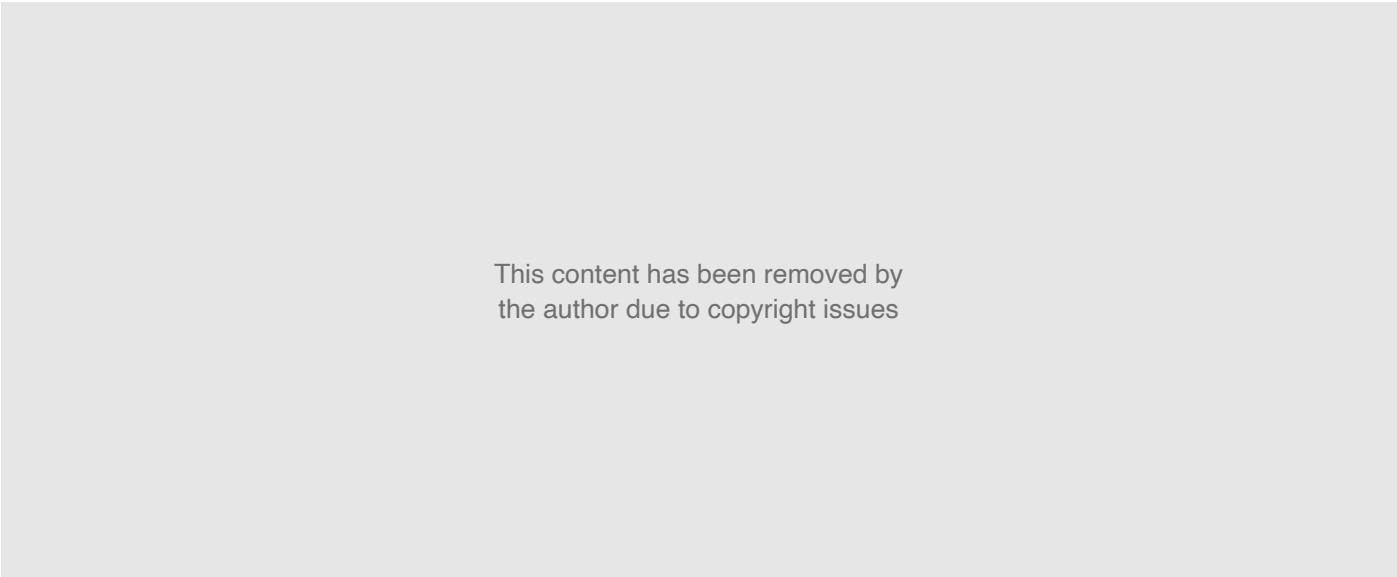


Table 3. Cerra and Crain’s Matrix for Enhancing Avian Species. This was later adapted to be specific to my research around the kererū. The Evaluation Metrics column was removed, and the Approach and Technique columns were modified.

Table 4. Enhancing Kererū in an Urban Ngahere. Adapted table from Cerra and Crain’s original to make it more relevant to building up knowledge on biophysical ecologies for my project.

ENHANCING KERERŪ IN AN URBAN NGAHERE		
Design Strategy	Approach	Technique
Contribute to Landscape Networks	Enhancement of existing kererū habitats by contributing to continuity and reducing habitat isolation.	Using ecosystem maps to locate existing habitats for the kererū (forest and shrubland ecosystems) in and around your site and applying the concept of 'stepping stone' green infrastructure to propose areas of tree regeneration to support new kererū habitats and their connective routes.
Build vegetative structure into project	Increase the native plant cover, ensuring that the urban ngahere is planted with a healthy vegetative structure through the intentional layering of seedlings, understorey, sub-canopy, canopy and emergent trees to support kererū feeding, nesting and roosting habitats.	Identifying the native plants that are kererū-friendly and their ecologies to understand where in the vegetative structure different plants grow (e.g. kowhai in the understorey vs pūriri in the canopy). Use shrub massing to create protective spaces within the vegetative structure.
Provide microrefugia	Planning the landscape design of the urban ngahere to provide kererū with 'safe haven' that protect them from threats such as power lines and windows provides perching and nesting areas.	Layer trees with the habitat structure in mind for kererū feeding, roosting and breeding to increase availability for food and support population growth. Provide pockets/clusters of shrubs and smaller trees (e.g. karamu, mahoe) in the shade and back of the buildings which are less commonly visited by people. These pockets of shrub plants can also provide privacy from the street for the building.
Optimise forage resource availability	Provide a diverse range of forage resources in the urban ngahere, as well as seasonal behaviours for the kererū to align resource availability with relevant plants, particularly in the Winter-Spring seasons when kererū leave the large native forests and relocate to urban gardens/park.	Figure out when native trees mature, fruit and/or flower seasonally to optimise foraging/pollinator information. Understanding this temporal distribution of resources will also help resource availability for other avian species.
Enhance plant diversity	To optimise the diversity of native plants in the urban setting while keeping in mind designing for people and the aesthetic landscape design aspects of urban gardens/ngahere.	To avoid messy/unorganised looking urban planting but to enhance plant diversity, favour native species over too many exotic ones and plant in proportion to the appropriate vegetative structure. Use framing/bordered planting techniques to achieve a sense of order.

Appendix B:

Precedent studies

The following precedent studies are examples of locally-responsive and semi-permanent spatial interventions formed through organic elements and programmes. Explicitly used as projects well-established in the urban regeneration of social, cultural, ecological and political realms, these studies become critical evidence on how these complex notions can be grounded in a spatial assembly, attaining what I aim to achieve through my proposal.

Case study 1: Public Kitchen

Kenneth Bailey
Design Studio for Social Intervention (DS4SI)
Upham’s Corner, Massachusetts, 2012

Public Kitchen is an innovative public infrastructure that asks, “Like libraries or public schools or buses... what if we had kitchens that were public and people could use collectively—how might that change social life?” (Bailey, 2012, p. 1). The project was a nine-day installation in Upham’s Corner in Boston, Massachusetts, which set up multiple interventions around food and cooking, including The Hub in the heart of Upham’s Corner. This mobile kitchen travelled around the neighbourhood, hosting workshops and events that partnered with local artists, chefs and farmer’s markets. Public Kitchen was treated as a “productive fiction” (Bailey, 2012, p. 1), which invited residents to “imagine an infrastructure that doesn’t exist, and how that infrastructure, if it did exist, would benefit them” (Bailey, 2012, p. 2). Among delicious warm soups, shared recipes (Figure 113) and chats about favourite food spots was a constant feedback loop of locally-grounded ideas from residents around how a shared kitchen could be best imagined in their neighbourhood. Generating engagement from the bottom-up gave locals a voice and encouraged the idea

that local, lived knowledge holds incredible value.

Public Kitchen’s mobile kitchen unit, traversing the neighbourhood and set up on ordinary sections of the street, is also a precedent for my mobile interventions. Structurally, the kitchen is a simple assembly of steel pipes and plywood to form a kitchen benchtop where a sink, hose, camp stove and propane tank could be retrofitted (Figures 114 & 115). Programmatically, the sites of the mobile kitchen—on footpaths or directly in front of shops—was a spatial catalyst for people, situating itself as a threshold that, once crossed, would turn unknowing strangers into neighbours who would intimately share a homemade curry. The close spatial proximity created by this simple intervention activated the sociality of urban public life. Therefore, in my proposal, this is a key precedent in positioning mobile architectures. It is also one for my permanent architecture, where in regards to an enmeshed space, this spatial layout suggests a non-normative kitchen/ eating/gathering/socialising space that could potentially be a critical programmatic area to my design.

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Figure 112. Kitchen On the Street. Public Kitchen fostered public interactions by setting up shop on the sidewalk and serving soup to those who passed by.

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Figure 113. Public Kitchen Shared Recipes. Locals shared recipes with each other, connecting one another with personal family traditions and histories.

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Figure 114. Mobile Kitchen How-to 1.

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Figure 115. Mobile Kitchen How-to 2.

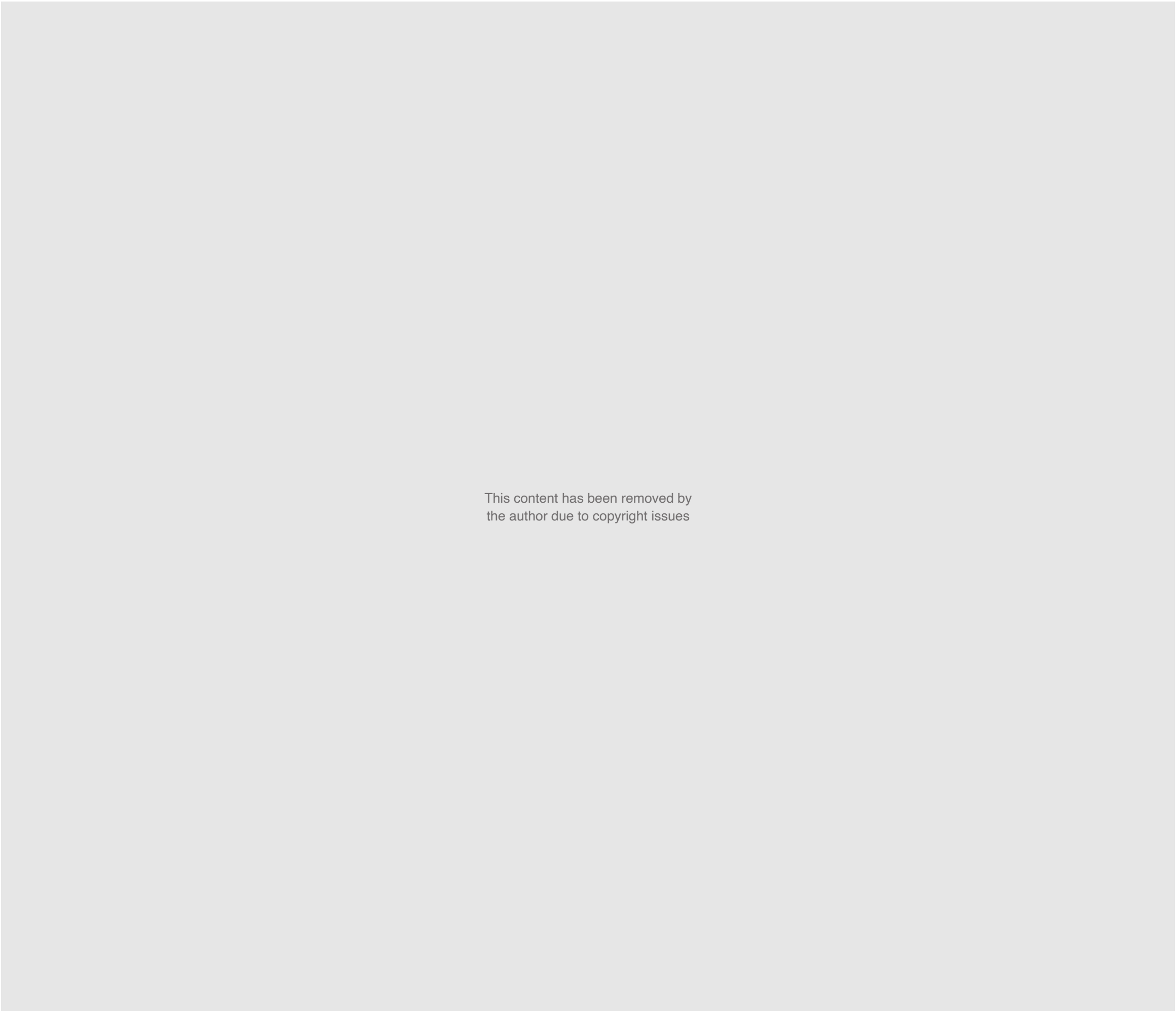
Case study 2: Dalston Eastern Curve Garden

muf architecture/art (architect)
J&L Gibbons (landscape architect)
Hackney, London, 2009

The *Dalston Eastern Curve Garden* is a transformative project situated in the district of Hackney, reclaiming an old railway line-turned overgrown city backyard into a vibrant community space for local organisations, artists and citizens. The garden, designed in a partnership between muf and J&L Gibbons, is the flagship project of the *Making Space in Dalston* initiative. In hopes of restoring the cultural identity of Hackney’s public realm, this project operates as part of a larger scheme of ‘gentle’ interventions that actively engage residents and nurtures creativity and diversity for an improved quality of life in its urban location (Fior & Breitbart, 2016).

Entering off Dalston Lane through a narrow corridor-like walkway, the programme of the garden is dense with interventions of different scales that stretch across this unusual linear site. The two more prominent design features are the Pavilion and the Garden, which support the scattering of many other unique amenities, including a clay oven, a café named the ‘Kiosk’, a small growing shed and greenhouse, a stage, a classroom and a composting workstation (Figure 116). The Pavilion is an open-air trussed timber structure. Its simple design and the light corrugated iron roof provide a covered, semi-interior space to the site that is the focal point for community events and recreational socialising. A water harvesting system from the roof collects rainwater from the gutters and streams it into a series of recycled whiskey barrels at the front of each ‘room’; this water can then be distributed back into the garden. A blend of the green and brown textures of planting and bark allows it to support a large number of seating for events

Figure 116. Plan of the Dalston Eastern Curve Garden.



whilst protecting the small bees, butterflies and birds who enjoy the space.

muf’s co-founder Liza Fior and urban geographer Myrna Breitbart (2016) describe projects like these as a way to gain a “critical stance on changes taking place in the local environment”, occasioning the “emergence of multiple new and unexpected possibilities in the urban regeneration process” (p. 261). This describes the beautiful time-scale aspect of the garden. In the past decade of the garden’s operation, it has adapted and grown with its expanding neighbourhood and increase in

visitors—these include a growing programme and extensions to the number of pavilions. The way the design plays with non-permanence through its ever-shifting moments has come about through active attempts to place-make in Dalston for collective wellbeing. muf’s push to ground the design in its context has allowed the garden to support a variety of people and events (including mental health support groups, language classes and radio recordings) in a highly organic way, making it an excellent precedent study of socio-ecological enmeshment presented in an architectural intervention.

Figure 117. Dalston Eastern Curve Garden Pavilions. Exterior image of the garden and Pavilion structures. Here the lush and vibrant space is seen in a backdrop of the traditional, industrial buildings of the Hackney area.

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Figure 118. Dalston Eastern Curve Garden Outdoor Seating. Bark-chip pathways amongst the trees and shrubs support seating spaces, allowing for gathering social activities without removing the connection to nature.

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Case study 3: Los Abuelitos / Senior Housing with Childcare

Estudio Teddy Cruz (architect)
Casa Familiar (community organisation)
San Ysidro, California, 2011

Los Abuelitos / Senior Housing with Childcare, located in San Ysidro, San Diego, proposes a new multi-generational housing typology for senior citizens and their grandchildren. Working closely with the affected communities, Cruz recognised the growing number of seniors who often have to take full custody of their grandchildren due to unfortunate circumstances (Gámez-Vallejo, 2011). Los Abuelitos developed into a radical mixed-use housing project that consisted of 13 independent units for the grandparents with a childcare facility ‘plugged’ into the housing so that the grandchildren can be cared for by both the grandparents and the community as a whole (Cruz, n.d.).

In response to the hostile socio-economic crisis at the border amid large-scale immigration, the aspiration to design affordable housing solutions for vulnerable communities worked in strong collaboration with wanting to create engaging social spaces (Cruz, n.d.). It was recognised that the typical mass senior housing typology offered little opportunity to socialise, and instead, Cruz looked to the collective nature of living already existing in San Ysidro. The building’s programme achieved this through an interlocked structure of units woven by shared alleyways, gardens and kitchen spaces. The form of this architecture offers semi-enclosed pockets of shaded space where collective activity is fostered. Cruz (n.d.) strongly believes that architecture is driven by the aesthetic but should be used as a way to rethink the relationship between the spatial, political and social of different neighbourhoods to create transformative and sustainable solutions.

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Figure 119. Los Abuelitos Composition.

Appendix C:

Design iterations 1 & 2

The early design iterations for this project started off as quite 'normative', where my thinking around buildings and green spaces considered them as individual programmes that were not crossed over. Appendix C shows the photomontages of my first two design concepts.

Iteration 1

A normative building with separate green spaces.



Figure 121. Iteration 1 of Permanent Architecture Interior.



Figure 120. Iteration 1 of Permanent Architecture Exterior.

Iteration 2

Beginning to think about joining the normative building with the garden space together. At this stage it is still quite separate, only semi-meshed together physically through a shared glass wall.



Figure 123. Iteration 2 of Permanent Architecture Rain Harvest.



Figure 122. Iteration 2 of Permanent Architecture Section.

Appendix D:

Design brief first draft

The design brief was an evolving piece of work that was formed, tested and edited. Below is the first draft of the project’s brief, presented at the first symposium earlier in the year. This particular brief was mainly tested through the first two iterations of my permanent and mobile designs.

THE BRIEF:

The project calls for a design of a space that will provide an enmeshed typology of healthcare provision to the community of Avondale, Tamaki Makaurau. The project is to bring primary-level healthcare services in a local connected care setting, in the aspirations of developing a hub of health and wellbeing-focused activity in the neighbourhood. In response to the recent trying times of the Covid-19 pandemic and the current works to regenerate the Avondale community, this project seeks to fulfil the wider goals of a healthier future Avondale.

The proposal is two-fold with two distinct sites; a mobile architecture situated at the Avondale Sunday Market and a permanent architecture situated adjacent to the future Avondale Multi Purpose Community Facility and Avondale Reserve.

The **mobile health clinic proposal** is to be set up as a ‘stall’ at the Avondale Sunday Market, operating once a week on a Sunday. The pop-up clinic initiative is dedicated to offering a variety of general health services to the community, including: blood pressure check, heart rate check, lung exam, vaccinations and medical advice and counselling. By bringing healthcare provision to the market, access to care is increased and engaged with locals within a social environment that is responsive to the needs of the community on a week-by-week basis. The mobile clinic requires:

- Clinic rooms (x2)
- Waiting area
- Storage space
- Tea trolley
- On wheels? or transported in a vehicle?

The **permanent architectural proposal** allows for a wider range of facilities and more complex healthcare services. Similar to how the transient nature of the market responds to its social conditions, the permanent building also responds to the changing urban developments of Avondale. Located behind the soon-to-be Avondale Multi Purpose Facility, this proposal works with it to restore and introduce amenities that would allow them to successfully operate alongside one another. The permanent building includes:

- Healthcare clinic rooms
 - General physical check
 - Mental health counselling
 - Medical advice
 - Geriatrics (ageing health)
 - Vision/Hearing tests
 - Vaccinations
 - Blood Tests
- Reception/Waiting area
- Sterilisation room
- Ecological Hub
 - Community garden
 - Greenhouse
 - Soil and horticulture workshops
 - Beekeeping space
- Pavilion/Open-Air space
 - Tai-chi
 - Zumba
 - Yoga
 - Connected towards the reserve side with the basketball courts
- Space to support the mobile architecture
- Open pantry
- Small tea room
- Staff room
- Storage room
- Toilets
- Bike shed - pit-stop for the Avondale Reserve

- Avondale Multi Purpose Community Facility:**
- Library
 - Creative workshops spaces
 - Multi-functional spaces for cultural activities
 - Plunket
 - Parents room
 - Citizens advice bureau
 - Community hall and stage
 - Community kitchen
 - Cafe
 - Public toilets
 - Lockers
 - Staff rooms

Figure 124. Design Brief First Draft.

