



Australian  
Institute of  
Architects

# SONA upscale\_

Renew2020  
#SONAupscale

## Renew [verb]

Resume [an activity] after an interruption.

Give fresh life or strength to.

The social and environmental changes that Australia has faced over the last few months have created interruptions to all aspects of our lives. As students of the built environment it can be difficult to comprehend positivity for our future post disruptive interruptions that have a direct impact to the communities of which we live, work and learn in. Climate change, natural disasters and a global pandemic are examples of such interruptions. We believe that a state of renewal is a way of thinking that can allow us to see positivity during and after these interruptions.

Upscale will allow students to work together to find ways to renew; to resume after an interruption or give fresh life to their communities that have been disrupted during these times. The interruption that Upscale will respond to is specifically the COVID-19 pandemic.

As a global pandemic takes hold of our lives, we have all become hyper-aware of the importance the healthcare system has to the functioning of our world. People of all communities are adopting hygiene practices learnt from the health system, and we look towards ways of better supporting our frontline health workers both at work and in their public lives.

Conversely, COVID-19 has forced the health system to reevaluate the way both healthcare and public spaces are designed to allow for better hygiene practices. Physical barriers and distancing measures have been put in place to control transmission of the pandemic, but when does this become too much?

Health workers have commented on the insular nature of the hospital system—an often-morbid world shielded from the public—which can lead to feelings of alienation within the general community. As such, interactions with other groups in public spaces becomes a necessary means to stay grounded, but during COVID-19, this division may be amplified due to fears of health workers being vectors for disease.

As the world prepares for an uncertain future, with a likelihood of further courses of quarantine, this challenge investigates how public spaces may be renewed into ones that promote socially-responsible health practices while maintaining connectivity between those within the healthcare system and the wider community.

*“The highly-emotional responses to healthcare workers... are indicative of a reaction to the fragile maintenance of societal order during this time... As marginal entities, healthcare workers’ bodies are vulnerable and dangerous; thus, their actions are afforded moral status at this time of crisis.*

*“And when the pandemic is over? Society will still need these liminal workers – but their rituals will retreat back into the shadows, until next time.”<sup>1</sup>*

<sup>1</sup> Schermuly A. (2020). Healthcare workers: risks, fears and rituals. In Counting the COVID-19 social cost: how people are faring in the pandemic. Retrieved 11/5/20 from <https://lens.monash.edu/@politics-society/2020/05/04/1380215/counting-the-covid-19-social-cost-how-people-are-faring-in-the-pandemic>

## LOCAL BRIEF

### 1. The 'Client' Collective

The 'client' is a collective of two community groups.

- Students of the built environment (architecture, interior design, construction, civil engineering, etc.)
- Members of the health community (students of health disciplines, medical and nursing staff, allied health workers, and other hospital workers)

### 2. The 'Client' Collective Aims

The public spaces we all inhabit have been changed by COVID-19 with measures appropriated from the healthcare sector (i.e hand hygiene stations, splashguards, and distancing measures). These changes have been beneficial in curbing the pandemic, yet have an impact on how public places are perceived. There is concern that this permanent infrastructure will create long-term detriments to the way we connect with one another.

For those in health, hospitals have been strange and separate places where workers grapple with the daily adversity surrounding disease, death and suffering behind closed doors. Like the doffing of PPE at the end of a shift, there is a need for workers to be able to step away from this reality. But as disease threatens a world outside of the hospital and public spaces grow increasingly aseptic: the boundaries that divide the health system and the wider community become distorted.

As students of the built environment, we are in the unique position to understand the role design plays on how others perceive space, and how spatial experiences inform the way communities interact. As the world becomes more fearful of touch and closeness, how might we promote greater connection and a sense of normalcy among health workers and our own communities? And are there ways to better educate each other about health without driving disconnect?

### 3. Design Brief

The intent is to create an intervention in a public space (including but not necessarily public healthcare spaces) that promotes freer interaction and greater connection, with healthier boundaries between the healthcare community and the general public. As COVID-19 changes the way the world thinks about health, this intervention should be informed by responsible health and hygiene practices.

### 4. Site and Scale

Choose a site within a public space that is used by both community groups, either for extended periods of time or as a transitional space. This may be a public health space (e.g. hospital or clinic), an outdoor public space, a circulation space, food or retail outlet, or public transport space. Should you wish to suggest an alternative site, you are free to do so as long as the space is used by both community groups.

The site should be no larger than 3m x 3m. When choosing this site you should consider transportation and access to the site. The built form must fit through a standard size door.

### 5. Material

The primary material for Upscale 2020 is TIMBER. The proposals should seek to explore the creative use of a single material, only introducing a secondary material where structurally or experientially necessary (e.g. paint, vegetation, L-brackets, etc). Participants are encouraged to get creative with the wide range of timber based products that are available. Timber framing members, battens, plywood sheets, softwoods, hardwoods, IKEA cabinets or even sticks from the garden are all considered acceptable.

If you are looking for a starting point, search 'timber' on the Bunnings Warehouse website, and see the 4,679 results that show up.

Estimates should be calculated by using online prices per unit, lineal meter or m<sup>2</sup> of material. Participants need to keep a record of any prices of the materials they are proposing (a simple word document with web links will suffice).

### 6. Feasibility and Installation

As a total build, you will have a fixed budget of **\$800**. Your proposal must be built considering the following costs: raw material, transport and fabrication. It will be helpful to utilise the resources provided by the universities (ie. workshops, material supply, tools etc) to reduce the cost of fabrication.

## 7. Submission Information

The submission should be uploaded as a pdf or PowerPoint file, how you express your proposal is flexible - mediums including sketches, drawings, renders, and scale models are encouraged. Students present their idea via Zoom with their submission as a presentation. Presentations should be approximately 5 mins. 3 mins presentation with 2 mins Q&A. Submissions should include a reasonable estimate of the cost of materials to build the design. Estimates should be calculated by using online prices per lineal meter or m2 of material with references to websites/quoted prices. A list of links to where these prices were obtained must also be included in the submission (a simple word document would suffice).

Separate to this file, your submission should also include two hero images that represent the proposal (1080px by 1080px), along with a 100 word description that clearly explains your concept.

## 8. Assessment Criteria

- **Buildability:** The construction approach should be feasible for assembly in a workshop; and thus should not implement any intense or complicated methods or construction. The transport and assembly method should be considered, and the final design must be able to fit inside a standard door frame for installation.
- **Feasibility:** The design should fall within a \$800 budget using materials that can be realistically sourced.
- **Sustainability:** Credit will be given to designs that explore the possibility of being recycled, deconstructed and re-erected elsewhere, reimagined or repurposed etc.
- **Collective Design:** The design process and outcome should show efforts of collective design with the community representatives, peers and mentors. The design should meet the needs of the selected community group(s) in an insightful way that adds value to their situation.
- **Thematic Response [Renew]:** The design should insightfully respond to the overarching theme renew; to resume after an interruption or give fresh life to the communities that have been disrupted during these times.

## 9. Prizes

- **Build:** The most successful (1<sup>st</sup> place) will receive both the below prizes as well as have their design built 1:1 and be displayed in a suitable location.
- **Recognition:** The three most successful design proposals will all receive recognition utilising the SONA and National Institute media platforms. The recognition will showcase the students works and their names, giving students the opportunity to be recognised across the entire professional network.
- **Free SONA Memberships:** All students of the three most successful design proposals will also receive complementary SONA memberships for the following year.