MAGGIE’S CANCER CARING CENTRES

Maggie’s asks a lot of its buildings and hence of its architects. We expect the physical space to do a significant amount of our work for us.

A Maggie’s Centre sets the scene for people going through a traumatic experience. They are places where people draw on strengths they may not have realised they had in order to maximise their own capacity to cope.

We need buildings where people can read themselves differently, as individuals in unusually difficult circumstances, not as patients, let alone cancer victims.

We identify ourselves in different ways and one of them is by our environment. This is why we choose architects who we think will rise to the challenge of making spaces for us which help this transition and also do apparently contradictory things.

We need our buildings to feel safe and welcoming. They need to be small, and domestic in scale. On the other hand these little buildings should not pat you on the head, patronise you by being too cosy. They should rise to the occasion, just as you, the person needing help, is having to rise to the occasion of one of the most difficult challenges any of us is likely to have to face. At the very least they should raise your spirits.
We need our buildings to recognise that the world of the hospital and a cancer diagnosis turn your personal world upside down, and that in deciding to walk through the door of a Maggie’s Centre people are saying to themselves and to us: “I am adjusting to a difficult and unknown situation that I am finding hard to cope with on my own.”

To a greater or lesser degree, by walking in to a Maggie’s Centre people are asking how they can put their lives back together again. They are hoping for transformation.

Giving them a place to turn to which is surprising and thought-provoking – and even inspiring – will give them the setting and the benchmark of qualities they will need in themselves. Knowing there is a place to turn to which is special in itself makes you feel valued.

So we want the architects to think about the person who walks in the door. We also want the buildings to be interesting enough that they are a good reason to come in rather than just ‘I’m not coping’. The first clinical psychologist who worked for Maggie’s, Glyn Jarvis, says that working from a Maggie’s Centre means that he can start a quantum leap ahead of talking to the same people in a hospital context because people have actively chosen to come in.

Maggie’s Centres and the way they are designed increase the sense of connectedness between people: they are not alone in this situation and people can find ways of moving forward from the crisis of a diagnosis. The architects should be thinking about the human relationships and connections, and doing the job of helping that happen.
What we’re also looking for in our architects is an attitude. We want people to deliver the brief but without preconceived ideas. We don’t want to say to them: ‘This is the way it is done’. We want them to open our eyes as well.

Maggie’s was lucky in our architect for the first Maggie’s, Richard Murphy in Edinburgh, who showed us how much a building can achieve by creating the right atmosphere.

We were also lucky to be able to draw on the close friendships of Maggie and Charles Jencks with some of the most imaginative architects working in the world today, and who have reinforced for us how much a good building can do.

We hadn’t realised, until it happened, how powerful a tool it would be that each community feels so proud of its Maggie’s. This works on multiple levels. Critical to the success of Maggie’s is a strong feeling of ownership by the local community. It makes people feel: ‘This place is wonderful and it belongs to me, and to other people in the same boat as me’. They want to come in. It provides one positive thing to look forward to in their trek to the hospital. It is critical, also, because people talk about their Maggie’s. The Centres do our ‘marketing’ for us. Crucially, these special, unique buildings help us to raise the money we need to build them in the first place, and then to keep them running.

Our buildings are special and we chose special architects, not for some luxury add-on value, but because they are a critical component of what we do.
THE ARCHITECTURAL BRIEF

PURPOSE OF MAGGIE’S CENTRES

1. To provide non-residential support and information facilities for people with cancer, and for their families and friends.

2. The building will offer its users a calm friendly space where each individual can decide what strategy they want to adopt to support their medical treatment and their overall welfare.

3. They will be able, if they so wish, to have a private conversation with the programme director or the clinical psychologist about their situation and needs.

4. On offer within the building will be a free programme, which will include group support, family and friends support, relaxation sessions, information access and benefits advice. (See Maggie’s Centre booklets and website for programme and timetables.)

5. People may choose to do any of this programme or none of it. Some will want to use the Centre to have a cup of tea and a quiet pause. Others will be helped by offering volunteer services themselves, such as gardening. And others, again, will want to join support groups and actively participate.

6. We do not want to suggest there are better or worse ways of dealing with cancer. Any way that helps anybody going through cancer to feel better is fine, with the important proviso that any service offered in the building will be approved by the Professional Advisory Board and will be complementary and not alternative to orthodox medical treatment.

7. Approximate size of a Maggie's Centre is 280m².
REQUIREMENTS FOR MAGGIE’S

1. Entrance: obvious, welcoming, not intimidating.

2. Small coat-hanging/brolly space.

3. A welcome/sitting/information/library area, from which the layout of the rest of the building should be clear. There should be as much light as possible. There should be views out to grass/trees/sky. You should be able to see where the kitchen area is, equally the sitting room and fireplace-area (hearth & home). Maggie suggested a fish tank.

4. Office space for a) Centre Head and b) fundraiser/deputy. This should be easily accessible from the welcome area so that either person working at a desk can see somebody come into the Centre, in order to welcome them. Their space should be separate enough that the welcome area does not seem like an office or a reception area. There should be storage space for stationary/pamphlets/bumph accessible to the office space. Space should be allocated for a photocopier, printer, server and other office machinery. Each workstation needs a telephone, computer point and light, shelf and drawer space. As well as the main ones there should be for 5 other workstations, which can be quite small. Can we have this many work stations without it appearing to be like a huge office which dominates the Centre? They don’t have to all be in one block. Somewhere for staff to hang coats.

5. A video-viewing and computer-link information area or bay for the use of 4 people, probably not all together, but within shouting distance of the programme director’s office area, so that he/she can help if necessary.

6. A kitchen area, like a ‘country’ kitchen, with room for a large table to sit 12, which could be used for demonstrations/seminars/discussion groups. The kitchen should be relaxed and inviting enough for anybody to feel welcome to help themselves to coffee or tea. A central ‘island’ on which cooking demonstrations could take place would be helpful.
A large room for relaxation groups/lectures/meetings. A space sufficient to take a maximum of 14 people lying down. Storage space for relaxation/folding chairs. As much as possible, you should be able to open and shut walls (perhaps between this and welcome area/kitchen area) to have flexi-space, for more or less privacy, as occasion demands. The relaxation space should be capable of being soundproof when closed off.

Two smaller sitting/counselling room for 12 people with a fireplace or stove. This doesn’t have to be very big – it makes for a friendlier atmosphere if people have to budge up a bit. Perhaps there should be dividing doors to become a second large room, although each one would need to be individually soundproof.

Two (or one if the large room can sub-divide) small rooms for counselling or therapy, preferably with big windows looking out to grass/trees/sky. They should have a bit of character and perhaps they could have sliding doors that can be left open and be inviting when not in use. They should be soundproof. One should be able to take a treatment bed, preferably facing a window.

Lavatories (probably 3) with washbasins and mirrors, and at least one that is big enough to take a chair and a bookshelf. They should not be all in a row with gaps under the doors. Private enough to have a cry.

A very small quiet space to have a rest/lie down.

Outside: garden areas and 10 parking spaces. If this is unlikely on the site, if possible make a drop-off and pick-up area and perhaps a couple of disabled spaces. We like the idea of a continuous flow between house and garden space there should be somewhere to sit, easily accessed from the kitchen. We want the garden, like the kitchen, to be an easy public space for people to share and feel refreshed by. The relationship between ‘inside’ and ‘outside’ is important. A house protects you from the ‘outside’. Equally the ‘outside’ of a garden is a buffer to the real ‘outside’. It is a place where you can feel sheltered but enjoy a bit of the kinder sides of nature. There are
practical considerations about privacy, referred to later; we also want to consider how a garden can help invite you in through the door from the street (which is always a key factor) and maybe how to incorporate parking spaces without them being too intrusive.

**PRACTICALITIES**

We have got to run each Maggie’s Centre as economically as possible without compromising what we are trying to offer. We know that any kind of complex building costs more to build, but it will have to be borne in mind, at design level, that we have a small building budget and that subsequent building maintenance and cleaning should be as cheap as possible: wood floors/ease of access/6 light fittings preferable to 56.

It might help to think of this as a ‘positive’ restraint, not an economic constraint, in the sense that the aim of this project is to build a modest, humane building, which will encourage and not intimidate.

**OVERALL**

We want to make spaces that make people feel **better** rather than **worse** (most hospitals).

Some things are obvious:

1. As much light as possible.

1. Important to be able to look out – and even step out – from as many ‘rooms’ as possible into something like a garden, a courtyard, or ‘nature’. At the same time, the sitting/counselling rooms (8) and (9) should have privacy, ie if they do have doors to the outside ‘rooms’, passers-by shouldn’t intrude.

1. The interior spaces shouldn’t be so open to the outside that people feel naked and unprotected. They should feel safe enough inside that they can look out and even go out if they wanted...this describes a state of mind, doesn’t it?
We want to have the minimum possible ‘administration office’ type atmosphere. No doors with ‘fundraiser’ on the outside. We want the ethos and scale to be domestic. We need to think of all the aspects of hospital layouts, which reinforce ‘institution’ – corridors, signs, secrets, confusion – and then unpick them.

As a user of the building, we want you to approach the building, and see an obvious and enticing door. When you come in, we want the first impression to be welcoming. People may come to ‘have a look’, the first time.

We want Centre users to feel encouraged and not daunted: they are likely to be feeling frightened and very low anyway. We want them to have an idea of what is going on in the whole building when they come in. We want them to feel they have come into a family community in which they can participate, make their own tea or coffee, use a computer, sit down and borrow a book, even find somewhere they might have a sleep for half an hour. Things shouldn’t be too perfect.

The rooms used for counselling should be completely private when they are in use; but it would be no bad thing if they could be opened up when they were not. We want users to know that they can say things in confidence and be quiet, but also be conscious that other things are going on around them that they might be interested in. For instance, they might be able to see what is going on in the kitchen but will not necessarily want to participate in the kitchen chat.

We want the building to feel like a home people wouldn’t have quite dared build themselves, and which makes them feel that there is at least one positive aspect about their visit to the hospital which they may look forward to.

We want the building to make you feel, as Maggie made you feel when you had spent time with her, more buoyant, more optimistic, that life was more ‘interesting’ when you left the room than when you walked into. Ambitious but possible?
Maggie’s Fife
architect: Zaha Hadid