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A Grounded Theory of Dignified Design Informed by Residents and Staff in Permanent Supportive Housing

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Abstract

This study addresses a critical and timely issue—how the built environment can support dignity for individuals experiencing housing instability. Common definitions of dignity include autonomy, respect, self-determination, freedom, and equality. For people experiencing housing and health instability, everyday life is extremely stressful, and the built environment can play a critical role in supporting psychological and somatic regulation (Devlin 2018). Many participants perceived that trauma-informed design updates for homeless shelter bedrooms increased their experiences of dignity and safety (Ajeen et al. 2023). For this study, a practice-embedded research team collected observations of use at various supportive housing sites, documented through photos and note-taking, and conducted semi-structured interviews and focus groups in two phases with a total of 115 participants (comprised of residents and staff). The team inductively analyzed this large dataset of text and images using grounded theory methods. Analysis revealed that the experiences of comfort, community, and control are deeply interdependent and together create a rich and layered sense of safety for participants. Key design attributes—categorized as sensory engagement, nested layers, and identity anchors—emerged as critical for creating an atmosphere of dignity, which significantly contributed to the overall experience of dignity for participants. Ultimately, the research resulted in a grounded theory model of Dignified Design, establishing a framework for architects, designers, and other creators of service-oriented spaces

Keyword: dignity; design; housing; well-being; practice embedded.

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1. INTRODUCTION

In the United States, 771,480 people experience homelessness on any given night (United States Department of Housing and Urban Development 2024). Supportive housing is a known response to homelessness, offering affordable housing with dedicated supportive services for individuals with complex needs, including histories of homelessness, disabilities, and chronic illnesses. In addition to typical home amenities, supportive housing offers access to an array of services, such as case management, healthcare, mental health and substance use treatment, employment and life skills training, and assistance with tenancy and legal issues. Because people experiencing homelessness face disproportionately poor health outcomes, marked by accelerated aging, chronic physical and mental health conditions, and high mortality rates (Garcia et al. 2024), it is necessary for the built environment to attend to more than basic needs if residents are to heal from co-occurring trauma and health conditions (Justus and Raghani 2024).

Recognizing that the built environment impacts psychological and somatic regulation (Devlin 1018), the design of supportive housing plays a critical role in responding to these disproportionate health outcomes and promoting the overall well-being of end users. However, the design of typical supportive housing and related service spaces frequently fails to uplift and dignify the human experience of the people living and working in these environments (Ajeen et al. 2023; Faerden et al. 2023). When the physical environment amplifies stress via sensory overload, poor wayfinding, institutional materials, and other signals implicitly and explicitly communicating lack of worth, end-users are subjected to both physiological and psychological harm and societal stigmatization (Ajeen et al 2023; Faerden et al. 2023).

This research began as an exploration of trauma-informed design approaches that support health and well-being. "Trauma-informed design (TID) is the application of the principles of trauma-informed care (TIC) to the creation of the built environment: architecture, interior design, landscape design and user experience" (Bollo and Donofrio 2021). TID is particularly relevant for environments serving individuals experiencing homelessness, as trauma is a known precursor of houselessness (Fitzpatrick-Lewis et al. 2011). However, there are currently no existing TID frameworks that explicitly take a salutogenic (i.e., health-promoting) lens, focus on the creation of environmental atmospheres, or identify an objective for design beyond minimizing triggers and re-traumatization. Building upon the foundation of trauma-informed design, our Dignified Design model takes a person-in-environment approach, acknowledging that social dignity "can be lost or gained in interactions…that social dignity can be deliberately promoted" (Schmidt 2022). It is with this understanding of dignity as a socially appointed quality as well as an inherent characteristic that Dignified Design seeks to identify architectural design principles that align the built environment with a lived experience that facilitates human dignity.

Dignity is recognized across disciplines and cultures as an innate human right and a fundamental part of being human (Borowski 2022), which is communicated in the design of our built world. Common definitions of dignity include autonomy (Schmidt 2022), respect, self-determination (Douglas et al. 2025; Ohls 2020), freedom (Bittencourt and Amaro 2019), and equality (Pols 2013), while indignity is characterized as shame, dehumanization, and referring to people as "other" or objects (Andrejević et al. 2025; Moran and Salter 2022). Dignity has been researched in the fields of social work (Bittencourt and Amaro 2019; Schmidt 2022), healthcare (Aranda and Jones 2010), psychology (Arel 2024; Robbins 2016), sociology (Moran and Salter 2022), architecture and design (Lamberton and Shavitt 2019), education (Mollvik 2021; Simola 2024), philosophy (Pols 2013), communications (Lucas 2015), law (May and Daly 2022), business (McMahon 2023), public administration (Mattson and Clark 2011), and theology (Arel 2024). Theoretically, most sources reference the inherent, intrinsic, and universal nature of human dignity (Borowski 2022; Jacobson 2007; Kim 2018; Lucas 2015). Additionally, many sources reference social dignity, which is given or withheld through relationships and often depends on particular contexts (Luculano and Burkum 1996; Löwstedt and Kapidžić 2023; Mattson and Clark 2011; Robbins 2016). Social dignity can encompass embracing one's authentic self and respecting the freedom of others (Luculano and Burkum 1996), a practice demonstrated between individuals or institutions (Mattson and Clark 2011). This is in alignment with a trauma-informed perspective that inherent dignity can be supported through the built environment, while social dignity can be facilitated through the built environment (Ajeen 2023; Justus and Raghani 2024). The breadth of these applications demonstrates the relevance of dignity as a compelling and actionable concept for design. Empirical sources on dignity often consider the topic through a theoretical or historical framework (Arel 2024; Hodgkiss 2013; Stevenson 2014; Toomey 2020), while a much smaller number endeavor to measure dignity through qualitative research (Ohls 2020; Schmidt 2022; Schmidt et al. 2020), illustrating an opportunity to examine dignity-centered design processes and practices through interdisciplinary and qualitative approaches.

There is limited research on dignity and the built environment. Trauma-informed design incorporates design elements that support and facilitate a sense of safety to help regulate and heal multiple neurological functions (Owen and Crane 2022). Additional evidence demonstrates that the integration of biophilic principles, an adjacent design approach promoting nature connectedness and natural elements in the built environment, can facilitate physical, psychological, and social benefits (Browning and Ryan 2020). In behavioral health and health-care settings, trauma-informed and biophilic design principles were found to promote environmental support for both staff and residents by reducing patient and caregiver stress, improving mental health and health outcomes in patients, and increasing caregiver productivity and wellness (Al Khatib et al. 2024; Faerden et al. 2023). Ajeen and colleagues (2023) found that trauma-informed design modifications to homeless shelter bedrooms increased experiences of dignity and safety among shelter guests. However, while concerted efforts to employ trauma-informed and biophilic design elements have yielded favorable results in select settings, researchers have found that social service spaces typically fail to facilitate and support dignity through design (Bittencourt and Amaro 2019), often contributing to indignity through a lack of concern communicated by institutional, severe, and neglected design features (Gallagher 2004).

Furthermore, research on the impact of dignified environments on direct service providers is particularly limited. This is unfortunate because designing for the dignity of staff can directly impact the experience of dignity for residents and guests (Pless et al. 2017). Gallagher (2004, 592) argued that the dignity of providers is not respected in "tangible ways" —both within the built environment of service facilities and through organizational culture—and this lack of respect can impact the ability of providers to honor the dignity of service users; this was illustrated by a nurse who connected the absence of a staff break room to feelings of indignity among providers, stating that "If we give our patients dignity then we need a little as well" (Gallagher, 2004, 591).

The United Nations' Special Rapporteur on the Right to Adequate Housing (2025) released a special issue dictating the many ways people experiencing homelessness are denied human rights protections every day. According to philosopher Giorgio Agamben's theory of a "bare life," defined as a life that has been stripped of meaning and recognition within society, dignity is connected to human rights through societal processes; in denying the human rights of a person, society also denies their dignity (Pols 2013). Agamben connects the concept of a 'bare life' to modern-day individuals living in poverty, arguing that efforts to prevent access to the right to welfare are efforts to 'eliminate the poor' (Stevenson 2014). In prioritizing dignity within supportive housing, the Dignified Design model represents a shift toward upholding the human rights of people experiencing poverty and homelessness.

Despite repeated recognition of the importance of the concept of dignity across multiple disciplines as well as compelling evidence demonstrating the impact of the built environment on physiological, psychological, and social health and well-being, few studies seek to operationalize dignity through design elements that shape the built environment. The research presented in this paper examined the experiences of people with housing and health instability who seek services in permanent supportive housing. A grounded theory analysis of resident and staff perspectives led to a conceptual model that builds on prior definitions of trauma-informed design and dignity. The resulting Dignified Design model, informed by cross-disciplinary research, provides a framework for increasing the potential for dignity in the built environment. The following sections describe the methods used for this study; explicate the grounded theory of Dignified Design; and provide an inventory of Dignified Design manifestations in supportive housing settings.

2. METHODS

This study used a grounded theory approach to discover a "unified theoretical explanation" (Corbin and Strauss 2007, 107) for the attributes of the built environment that best contribute to an atmosphere of dignity for residents and staff in affordable housing settings. Grounded theory allowed for multiple sources of data to be analyzed comprehensively and iteratively. During the analysis process, the research team discussed the impacts of the roles they carried into the interviews, defined as self-awareness by Small and Calarco (2022), to acknowledge and mitigate bias rather than attempt to eliminate it.

Both phases of this study involved participants in supportive housing. As such, they were recognized as particularly vulnerable, and the ethical procedures were guided by academic standards. Consistent with best practices in qualitative research (Bourke 2014; Greene 2014), the interviewers explained their positionality to participants by stating that some of the team included researchers employed by an architecture firm while others were employed by the University of Denver. If the researcher's architecture firm was the same firm that designed the building being studied, this was made known to participants. The researchers shared that they had prior knowledge of the building and framed

this understanding as genuine interest in learning more from the residents and staff about how to improve future building design.

The research team anticipated potential power imbalances, especially in staff-resident relationships, and managed these during the interviews and focus groups by ensuring that staff were not present during sessions with residents. All interviews were conducted in acoustically private locations so that participant input would remain confidential. Residents and frontline staff were encouraged to reach out via email if they had additional information they wished to share privately. Participants were fully free and encouraged to critique their environments.

The data collection activities of this study were organized into two phases. Phase I was exploratory, conducted at three supportive housing sites and focused on generating knowledge to inform the real-time practice of trauma-informed design by firms engaged in architectural and design services. Following Phase I, the research team continued to interview residents and staff through project-specific pre-development and post-occupancy evaluation efforts, testing the ideas resulting from Phase I in real-life conditions. This led to Phase II, which was supported by external funding and examined trauma-informed design using a qualitative comparative study research design at five supportive housing sites: three designed explicitly with trauma-informed principles and two more typical affordable housing buildings. Data analysis using grounded theory methods was conducted across both phases.

PHASE 1

Sample and recruitment

The data collection of Phase I took place from May to July 2019. Resident and staff participants were recruited from three supportive housing developments in Colorado. The study included seventy-two participants, including a voluntary sample of fifty-six residents and a purposive sample of sixteen staff. Interviews were conducted in person in English and facilitated by three members of the research team. Researchers were not involved in the design of the studied buildings, and the original designers were not present during the interviews. Resident participants were compensated with US$20 gift cards to local vendors, and signed consent forms prior to the interviews and focus groups.

Data collection

Focus groups were approximately 60–90 minutes long and facilitated in person in English. Interviews were conducted using a semi-structured guide, which provided a core list of questions for interviewers who used prompts to further explore the experience of residents and staff in the built environment. Open-ended questions were used to elicit feedback on living and working in supportive housing settings and ideals for future housing/service settings. Observational data were collected via semi-structured observations at the three housing sites. Data were captured in the form of notetaking and photographs of the environment.

PHASE II

Sample and recruitment

Phase II data collection took place from February to August 2024 in five supportive housing developments in Colorado, including three designed with trauma-informed principles and two more typical buildings. A total of fifty-nine participants were engaged in the research, including a voluntary and convenience sample of forty-two residents and a purposive sample of seventeen staff. Participants joined semi-structured interviews and focus groups inquiring about their interactions with and perceptions of living and working in the five study sites. Interviews were conducted in person in English and facilitated by two members of the research team. Researchers were not involved in the design of the five selected study sites, and the original designers of these buildings were not present during the interviews. All interviews were audio-recorded and transcribed with participant permission. Per the agreement with the University of Denver Institutional Review Board, researchers explained the study procedures and secured written consent from all participants. All participants were compensated with US$25 gift cards to local vendors.

Data collection

Researchers used semi-structured interview guides and probing questions to elicit deeper feedback. Residents and staff were asked about their perceptions of living and working at the study sites, with attention to experiences of safety, comfort, connection, health, and engagement with other services and systems. Observational data were also collected at the five study sites. A semi-structured note-taking protocol prompted researchers to record first impressions of the building, as well as specific design features within each space that mapped onto early iterations of trauma-informed design affordances (safety, comfort, connection, and choice) and design attributes (nested layers, sensory boundaries, and identity anchors). Researchers also took photographs of indoor and outdoor environments at all five sites.

Phase I and II grounded theory analysis

Data analysis was primarily conducted by two members of the research team with support from one research assistant. Interview transcripts from Phases I and II were iteratively analyzed using an open coding process. Each researcher conducted initial independent coding to promote intercoder reliability (O'Connor and Joffe 2020), examining each transcript line-by-line and assigning segments of text a code (i.e., a word or phrase summarizing the concept) (Saldaña 2011). Researchers followed an inductive approach, allowing concepts to emerge from the data without a preexisting framework or theory. This coding approach was intended to be open and exploratory, encouraging multiple interpretations of the data to be considered without imposing a preconceived structure (Corbin and Strauss 2007). During this process, team members also composed memos to document reflective notes on emergent codes. These memos captured researchers' insights throughout the coding process around decision making and code assignment, establishing a foundational bridge from basic concepts to related categories (Strauss and Corbin 1998). Researchers saved their codes and memos on independent tabs of a shared spreadsheet. Each spreadsheet was reviewed by the entire team and discussed as a group, in which team members compared and interrogated assigned codes to reach resolution and consensus.

Researchers then printed the initial codes and posted them on a wall to initiate an axial coding process of mapping connections and relationships between the codes (Saldaña 2013, Figure 1). This enabled the team to study and refine conceptual relationships through a physical process of diagramming ideas (Strauss and Corbin 1998). In doing so, researchers were able to understand and define the nature of relationships between concepts in terms of categories (Charmaz 1996). At this stage, researchers continued to assess the properties and dimensions of categories (Strauss and Corbin 1998), interrogating discrepant cases through team discussion to expand understanding of existing categories or the realization of yet unknown categories (Charmaz 2000). This process continued until the research team agreed that theoretical saturation had been reached, resulting in well-grounded, fully developed categories (Glaser and Strauss 1967).

Reviewing the categories developed through the axial coding process, researchers recognized that the categories were linked through a central theoretical idea, or a core category. This single, unifying concept best accounted for the patterns observed across the dataset (Saldaña 2011). Revisiting early interpretations of the data, including the researcher memos, researchers found that the central narrative tied together the most significant categories and relationships from the open and axial coding process and demonstrated how these ideas related to, supported, and were explained by the core theoretical idea (Saldaña 2013). This finding was presented to Phase II participants via member checking sessions hosted at each of the five sites to solicit feedback about findings and take a step toward sharing power with communities being researched (Motulsky 2021). Researchers led discussions with residents and staff about the identified categories and their relationships, explained by the core category. Ultimately, participants were affirmative about the analysis and findings and offered personal insights about the theoretical explanation of their experiences.

3. RESULTS

Atmosphere of dignity: comfort, community, control, and safety

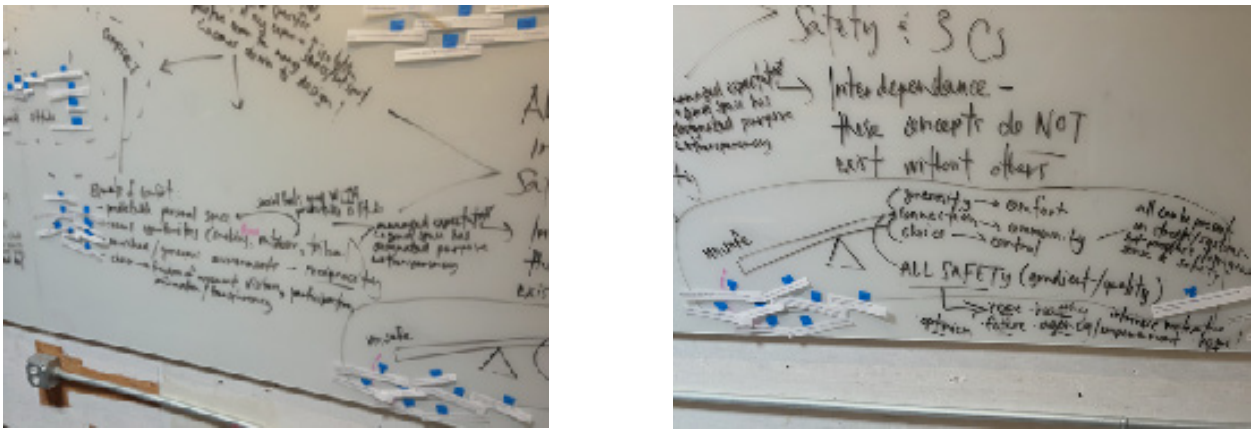


Figure 1: Axial coding process

Interviews with residents and staff revealed that the most defining outcomes in housing settings related to the human experiences of comfort, community, control, and safety. Findings showed that the idea of safety was the most fundamental of these experiences and often served as the culminating experience of comfort, community, and control. Further analysis found that the concept of safety was deeply interdependent with the presence of comfort, community, and control. This suggested that the experience of safety was dependent on the presence and quality of the other affordances, and together they shaped one's perception and experience of safety.

Comfort was associated with the ability to be physically, psychologically, and socially at ease. Participants described comfort in terms of sensory richness, the ability to form connections with their surroundings, and a sense of welcome in one's environment. Comfort was represented in opportunities for emotional regulation, enjoyment, beauty, and warmth. Its absence marked an environment of discomfort, unwelcome, or even hostility. Activities like sitting in a sun-filled room, being surrounded by plants, and engaging in creative or affirming activities like art, music, or gardening tied directly to the supportive nature of the space.

Community emerged from positive connections with self and others, including neighbors, staff, family, and pets. Participants described layered relationships, which ranged from involuntary (e.g., shared spaces with neighbors) to voluntary (e.g., social groups around shared interests). The closest bonds often formed around shared life experiences, such as parenthood, age, hobbies, or faith, reinforcing the importance of identity in building community. Residents also reported experiencing stress at the ends of the social spectrum. Too much interaction often led to overstimulation, and too little interaction led to isolation. Spaces that fostered both formal and informal connections, enhancing one's sense of belonging to the greater community, promoted choice, offered flexibility in seating arrangements, and featured acoustic treatments. They also included designated areas for shared hobbies and activities, such as puzzle tables, smoking areas, and pet amenities.

Control was linked to the ability to make authentic and autonomous choices about engagement with the space and others within it. This included residents being able to navigate spaces freely, access areas beyond their apartments, personalize shared environments, and understand and predict building policies. Physical and operational features significantly influenced these experiences. Elements such as reception desks, security systems, and entry protocols shaped resident perceptions of autonomy, either as protective measures or sources of restriction. When residents felt they had choice and agency, they described greater trust in staff, sense of ownership in the community, and personal freedoms. Elements that provided variety and adaptability allowed participants to navigate the environment according to their changing needs, further reinforcing a sense of agency and empowerment.

Safety related to an individual's physical and psychological well-being and peace of mind, as well as that of loved ones and the communities with which individuals identify. Safety was also tied to the security of participants' possessions and their sense of ownership and belonging to home. The analysis revealed that the experience of safety was relative and defined along a spectrum, from lower-grade experiences described in terms of survival and being skeptical of change to higher-grade experiences marked by trust, belonging, and personal agency. Furthermore, analysis found that safety was deeply interdependent with the presence and quality of comfort, community, and control in one's environment.

Quality informs degree of safety

As noted above, low-grade experiences of safety revealed an adaptation to minimal safety shaped more by survival than true comfort. Residents experiencing low-grade safety reported feelings of loneliness, a sense of languishing, or "simply surviving," a heightened awareness of substance use, and a cynicism about life and future opportunities. Participants expressed habituation toward low-grade safety, noting that despite their conditions, they could "survive" and "get through the day," and the challenges they face force them to develop strategies to cope and move through life. These experiences were conveyed in the following comments: "No, I don't feel safe here," "[This place] is less safe due to all psychological disorders," and "[This place] is not as safe as it should be. Individuals reporting low-grade safety also spoke of having few elements of comfort in community spaces, little to no sense of community or social network to rely on in the building, and limited opportunities for control or agency outside of their apartments.

Conversely, those living with a greater sense of safety described deeper interpersonal relationships, feelings of trust, belonging, purpose, autonomy, and care. Experiences of high-grade safety were described in the following ways: "There are no places in the building that feel unsafe," "I feel safe; when I ask for help, I get it," "They really look out for you here," "I have good neighbors," "I feel good and comfortable everywhere in the building," and "There is no place I really feel safe, but I do here." Residents noted elements of beauty in the environment as well as sightlines, communal areas that encouraged social interaction, and opportunities

to contribute to and/or interact with the space. In these environments, residents were inspired to extend generosity to their community in the form of cooking for others, setting out puzzles, caring for neighbors' pets or children, tending to community plants, and picking up trash. Others talked about renewed opportunities to pursue hobbies and to reengage with work or education.

Interestingly, analysis revealed that when there were clear security features (such as automated locks, abundant surveillance, strongly enforced guest protocols, secured entry, security guards, and/or visual partitions at the front desk) coupled with limited experiences of comfort, community, and control, staff and residents did not describe feelings of safety. This created a clear distinction between security, marked by literal security measures, and safety, describing a more holistic sense of being at ease. Elements of security without features of comfort, community, and control aligned with reports of stress, paternalism, exclusivity, and distrust, which were exemplified in responses such as "I don't even get a say in who visits me" and "They treat us like prisoners."

Further, absence of one of the core affordances, even in the presence of the others, often demonstrated a significantly diminished sense of safety. For example, a sense of comfort and control in one's apartment but a limited sense of connection or community in the rest of the building resulted in comments about feeling safe behind the locked door of one's apartment but nowhere else in the building: "I feel safer not talking to people here," and "I feel safe in my apartment when I can lock the door but nowhere else." This finding implies that to experience a deep sense of safety, individuals must have access to meaningful experiences of comfort, community, and control as well.

Individual reflections on the built environment revealed clear associations between design elements—such as access to onsite amenities, circulation and wayfinding, lighting, and furniture and finishes—and residents' experiences. These experiences either promoted or compromised one's sense of comfort, community, control, and safety, highlighting design attributes regularly recognized in atmospheres of dignity.

Design attributes: sensory engagement, nested layers, and identity anchors

Through analysis of qualitative interviews and building observation data, key design attributes emerged as critical environmental conditions for supporting experiences of comfort, community, control, and safety toward an atmosphere of dignity. Twenty-two discrete features were revealed and organized under three overarching design categories: sensory engagement, nested layers, and identity anchors (Figure 2). Notably, these elements do not fall exclusively under a single category, as there is complexity in the function and role of each element. For example, the inclusion of Living Systems (such as a collection of native plants in a lobby) may promote both Sensory Engagement and an Identity Anchor to the regional location of the building.

Sensory engagement

Stress, especially traumatic stress, can heighten sensory sensitivity and promote overstimulation and/or dissociation, making it important to gently engage all the senses without overwhelming them (Devlin 2018; Justus and Raghani 2024). Thoughtful sensory design in balanced and stimulating environments supports brain health, increasing neural connections and enhancing neural plasticity, emotional regulation, and cognitive functioning (Owen and Crane 2022). Sensory Engagement attributes include elements offering gentle sensory stimuli and avoiding institutional sterility. Participants talked about working in the garden, enjoying sunshine in a window-filled room, sitting by the fireplace, and rocking on terrace swings. The design features organized under the attribute of Sensory Engagement are as follows:

- Clear Sightlines: Offering prospect and unobstructed views across a space allows building users to understand and assess their surroundings and plan their next steps, promoting agency and psychological safety.

- Enriched Lighting: Thoughtfully designed lighting is key for safety, comfort, controllability, and ambiance. Consistent, well-planned illumination not only enhances the visual experience but also adds beauty and a sense of well-being to the space.

- Intentional Colors: Color choices should be purposeful and responsive to the space and its users. No hue is inherently dignified or undignified. The goal is to use color intentionally to enhance the experience intended for the space and respond to the user's needs.

- Living Systems: Integrating living things—such as plants, pets, gardens—benefits physical and emotional health. Opportunities to care for or interact with living systems foster a sense of ownership, responsibility, and mutual support for those who engage with them.

- Natural Materials: Incorporating nature and natural materials, like wood, stone, water, and greenery, creates a sensory-enriched environment that promotes grounding, self-regulation, and stress relief.

- Natural Ventilation: Dynamic airflow and natural ventilation provide thermal comfort and efficient temperature regulation. Natural ventilation creates a

physical connection to the outdoors and contributes to a healthy interior environment.

● Noise Modulation: Modulating sound is essential in preventing overstimulation and stress on one end of the spectrum and sterility and starkness on the other. Spaces should buffer unwanted noise while still allowing natural acoustics and tempered feedback to occur.

Nested layers

When spaces offer variety and scale in ways that are responsive to building users, individuals can select the level of engagement that feels safe and comfortable for their current and evolving preferences and needs. Features such as cozy seating nooks, spacious laundry rooms, and varied seating arrangements offered participants flexibility for different levels of engagement and comfort. Residents described ideal community spaces providing opportunities to sidle at the periphery of a community space as well as seats more centrally located in the hub of activity. The design features organized under the attribute of Nested Layers are as follows:

● Accessible Front Desk: The front desk is often the first point of contact with a building, shaping one's initial impression and ongoing relationships with the people and place. It should be easy for all to approach, offer a warm welcome for visitors and residents, provide adequate security, and support staff's job requirements.

● Active Security Measures: Effective security features are vital components for instilling safety and peace of mind for residents and staff. Active safety measures, such as controlled access to the building, cameras, and security personnel should be complemented with passive safety features, like open sightlines and an accessible front desk, to foster a sense of comfort rather than an institutional feel.

● Approachable Entryway: Entryways serve as a meaningful threshold between environments. A thoughtfully designed entrance reassures residents that their presence is valued, they are cared for, and their needs matter.

● Attention to Neglected Spaces: Spaces such as laundry rooms, trash areas, bike storage, and mailrooms are heavily used but often designed as afterthought spaces. These areas, which comprise everyday life, should be tailored to the unique needs of the residents, maximizing safety, comfort, controllability, and opportunities for connection.

● Dedicated Staff Places: Staff need private areas to take breaks, eat lunch, conduct sensitive conversations, address daily work requirements, and simply enjoy a moment of quiet. Designated staff spaces are crucial for staff well-being and should be flexible enough to support a variety of work and personal needs.

● Diverse Common Areas: Well-designed, inclusive communal spaces help foster relationships and reduce isolation. Offering a range of gathering spots—from large meeting rooms to cozy nooks—encourages interaction, flexibility, and choice for all users.

● Hearth-Like Places: Circular seating arrangements invite people to gather, converse, and form connections in a non-hierarchical way. They evoke warmth, belonging, storytelling, and the spirit of shared community.

● Multiple Pathways: Offering several routes in and out of regularly used areas increases both real and perceived safety. Multiple pathways promote personal choice and autonomy, reduce conflict, and alleviate feelings of restriction or entrapment.

● Thoughtful Proportions: Balancing spaciousness with intimacy is a subtle art. Well-proportioned design, commensurate with context and use, ensures that spaces neither feel overwhelmingly vast nor uncomfortably tight, ultimately reflecting a comfortable human scale.

● Varied Outdoor Environments: Outdoor areas should consider a mix of social and solo, playful and contemplative spaces. Carefully designed outdoor amenities offer a rich and flexible sensory experience that supports connection, exploration, relaxation, and discovery for all ages.

Identity anchors

Design elements that reflect the identities and cultures of residents, staff, and the surrounding community enhance a sense of belonging, foster attachment to place, and combat isolation. Invitations to personalize spaces through the selection of features and participation in rituals nurture connection and self-esteem, which are especially important during times of transition. Residents and staff expressed appreciation for identity-promoting elements, including shelves outside unit doors for presenting personal items and cultural representation through displayed art and murals. They also described spaces for rituals and routines, such as smoking in the gazebo or taking the dog out. These experiences play a significant role in cultivating a sense of stability and security derived from feeling acceptance and inclusion within a larger group. The design features organized under the attribute of Identity Anchors are as follows:

● Charismatic Places: Spaces with unique character invite people to form personal relationships to place.

They also spark moments of delight, curiosity, and complexity. Rather than settling for generic, impersonal design, environments with distinct and memorable features transmit vibrancy and joy.

● Clear Wayfinding: Design features that support navigation reduce confusion, instill a sense of grounding, and promote agency and control. Well-designed wayfinding eases transitions and helps people to journey confidently through both new and familiar environments.

● Furnished Apartments: Many residents arrive in supportive housing with few belongings. The provision of basic furnishings that meet essential needs can transform an empty, isolating apartment into a warm and welcoming home, supporting comfort and dignity from day one.

● Personalized Entrances: Individualized apartment entryways can convert a long, impersonal corridor into a dynamic neighborhood of unique front porches. These personal touches nurture a sense of belonging and place within a larger community and honor the threshold between the public and private realms.

● Resonant Art: Art celebrates the human spirit and connects people to cultural, historical, or natural contexts. Well-chosen artwork infuses environments with beauty and meaning, affirming that everyone deserves delight and inspiration.

Key finding: a conceptual model of Dignified Design

The conceptual model of Dignified Design uncovered by this research (Figure 3) illustrates the relationship between an atmosphere of dignity and the supporting design attributes. This posits that a combination of design attributes—sensory engagement, nested layers, and identity anchors—contributes to interdependent experiences of safety, control, comfort, and community. These experiences, in aggregate, create an atmosphere of dignity, which, in conjunction with a supportive external environment (including the urban and systemic context of neighborhood amenities and transportation network) and being treated with respect by others (including housing staff and service providers), results in an experience of dignity for people facing housing instability. By describing these design attributes and analyzing their impacts on participant experiences, the model offers a scalable approach to advance this evidence-based practice in housing and social service settings.

In constructing an understanding of the atmosphere of dignity, the grounded theory revealed lower-grade safety experiences for staff and residents in spaces lacking natural light and views of the outdoors ("There's no windows…it's just dark"); long, stark hallways ("It feels like The Shining" and "The hallways are never-ending"); lacking clear visual access across spaces; and/or institutional materials, such as acoustic ceiling tiles, tile flooring, stark white walls, and fluorescent lighting ("It feels like a prison"). More generally, residents commented on community rooms "having nothing to do" or that the building "sucks all of your good energy."

On the other hand, participants reported higher-grade levels of safety when describing elements of comfort and beauty in their buildings ("It's gorgeous in here"), a sense of community and personal connections to their neighbors and staff ("I like the staff…and I have friends here"), and feelings of choice and control ("I get a say in what I do and when I do it"). Those experiencing higher-grade safety also reported better coping mechanisms, improved health management, a stronger sense of hope and agency, greater intrinsic motivation, and an enhanced ability to think about and plan for the future. Importantly, the analysis found that participants residing and working in the three trauma-informed buildings from Phase II of the research reported greater comfort, community, and control overall and a higher-grade experience of safety than participants in the two control group sites not designed with a trauma-informed lens.

This conceptual model centered dignity as an overarching theme describing the ideals of a full and valued existence. Furthermore, it shifted the lens of design from a narrow and pathogenic focus on trauma to a more aspirational and salutogenic (i.e., health promoting) orientation toward dignity. This research revealed dignity as a key aspect of long-term well-being for people experiencing housing insecurity. When describing environments that deeply satisfied their needs, residents and staff frequently cited concepts closely linked to dignity, such as self-worth, social value, and self-determination. This was represented through participants' comments around "hope for life and the future," "being able to live a real life," "getting to do the things I love," and "having something to call your own." Further, they described the stigma of homelessness as related to "respect," "being a human too," and "how people treat you."

4. DISCUSSION

The objective of designing for dignity can be an indeterminate target, as evidenced by myriad interpretations of the concept (Borowski 2022; Ohls 2020; Pols 2013; Simola 2024) and limited research on the application of dignity in the built environment (Faerden et al. 2023; Fleming et al. 2023). This has made

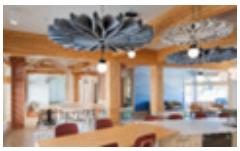
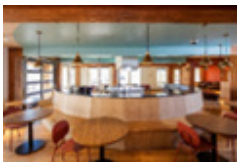
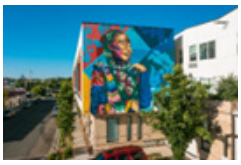
Sensory Engagement			
Clear Sightlines 	Enriched Lighting 	Intentional Colors 	Living Systems 
Natural Materials 	Natural Ventilation 	Noise Modulation 	
Nested Layers			
Accessible Front Desk 	Active Security Measures 	Approachable Entryways 	Attn to Neglected Spaces 
Dedicated Staff Space 	Diverse Common Areas 	Hearth-like Places 	Multiple Pathways 
Thoughtful Proportions 	Varied Outdoor Spaces 		
Identity Anchors			
Charismatic Places 	Clear Wayfinding 	Furnished Apartments 	Personalized Entrances 
Resonant Art 			

Figure 2: Consequential elements of Dignified Design

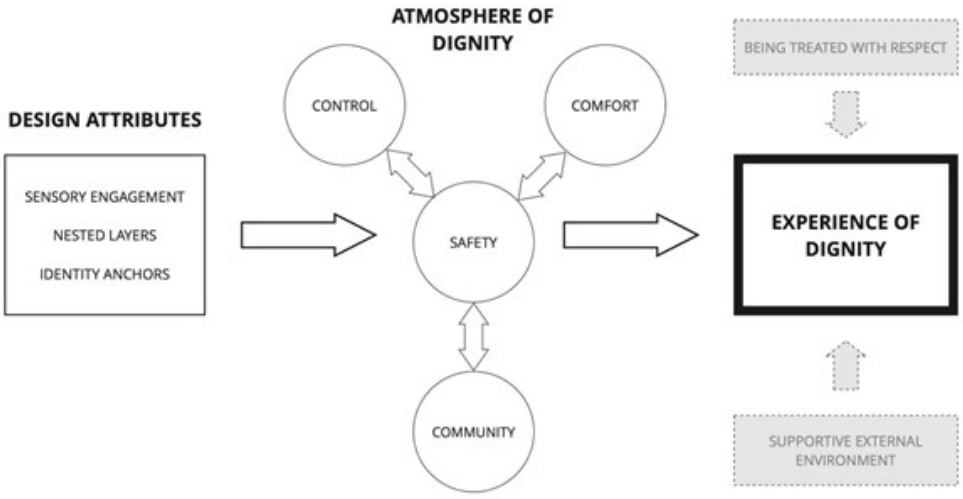


Figure 3: Conceptual model of Dignified Design

dignity challenging to measure as an outcome and difficult to operationalize in practice. This conceptual model of Dignified Design establishes a framework for architects, designers, and other creators of service-oriented spaces—a core set of values and concepts to guide practice, connecting the atmosphere of dignity to the factors influencing dignity in design. For practitioners and researchers, the model breaks down the conceptual complexity of dignity into a series of more realizable affordances and attributes whose relationships are recognized and defined. Further, the design elements, when integrated cohesively, provide structure for achieving the intended values and affordances.

In reviewing the dignity literature, alternate versions of the affordances centered in the Dignified Design model recur frequently – relationality and connection as community (Arel 2024; Mattson and Clark 2011; McMahon 2023); autonomy, self-determination, and choice as control (May and Daly 2022; Ohls 2020); aesthetics as comfort (Buchanan 2001; Pols 2013); and safety supported through a lack of indignity (Fleming et al. 2023; Schmidt et al. 2020). In addition to this overlap with the literature on dignity, there are connections between Dignified Design and neuroscience (Owen and Crane 2022); biophilic design (Browning 2020; Sternberg 2018); environmental psychology (Kuo and Sullivan 2001); and public health (Schroeder et al. 2021). These links provided a more enriched perspective on how to understand, assess, and enhance the experience of living and working in supportive housing. There are also links to interdisciplinary theoretical perspectives. Both Dignified Design and Maslow's Hierarchy of Needs (1943) illustrate the relationship between environmental conditions and more internalized human experiences toward the apex experience of optimal existence, defined as "self-actualization" by Maslow's model and "dignity" by the Dignified Design model. The theory of Social Determinants of Health (Wilkinson and Marmot 2003) establishes that the health and well-being of individuals and communities are significantly influenced by an array of mezzo- and macro-level conditions—including neighborhood and the built environment, social and community context, economic stability, healthcare access and quality, and education access and quality—all of which must be considered in the design of environments intended to respond to the holistic needs and life-affirming realities of its inhabitants. The repeated recognition of dignity in the literature of various disciplines emphasizes the value of deeply examining and understanding this universal human experience.

The conceptual model of Dignified Design arose from initial research on trauma-informed design that uses principles from trauma-informed care applied to the built environment (Bollo and Donofrio 2021). While attending to the trauma of people experiencing homelessness is both humane and evidenced based, sole attention to trauma with a focus on minimizing triggers and avoiding retraumatization can be and feel limited, prescriptive, and deficit oriented. While a salutogenic, health-promoting approach to design may be a goal and priority, this is not immediately evident in the suggestion of a trauma-informed design practice. In response to existing ideas on trauma-informed design and based on input from end-users in supportive housing, Dignified Design expands on

formal definitions and frameworks of TID by applying a cross-disciplinary and salutogenic lens. This perspective invites design practitioners and researchers to broaden their understanding of the impact of design on the day-to-day experiences of residents and staff and, ultimately, their ability to feel safe, healthy, and whole in the built environment. Dignified Design represents a shift towards a more holistic, person-in-environment, strengths-based approach where social dignity is promoted.

This research highlights the notable differences between a trauma-informed design and Dignified Design approach (Figure 4):

Trauma-Informed Design	Dignified Design
Foundation in trauma-informed care	Multidisciplinary foundation (including TIC)
Pathogenic orientation	Salutogenic orientation
Goal of minimizing triggers and re-traumatization	Goal of promoting overall well-being through dignity
Undefined relationships between affordances	Defined relationships between affordances
Individual attributes	Synthesis of attributes toward cohesive atmosphere

Figure 4. Comparison of Trauma-Informed Design and Dignified Design

Strengths and limitations

The strength of this study lies in its capacity to move beyond a narrow focus on trauma-informed design to generate broader insights into the intersections of design, health, and housing through the lens of dignity. With a large number of participants—115 in total—the grounded theory is rooted in a diversity of perspectives that strengthen the depth of these findings. The study's cross-disciplinary research team draws expertise from architecture and design, housing development practice, and the social sciences to ensure that the research aims and findings are accessible and actionable to stakeholders across the field. Bridging research and practice, the study is positioned to not only advance academic knowledge but also, and primarily, to directly inform design and policy decisions in real-world contexts.

As for limitations, the conceptual model and its components do not offer instructions for carrying out a Dignified Design approach on a project. This underscores an area for future research and an opportunity to manualize a process outlining the key components for carrying out this approach. Secondly, there is discussion in the literature about the limitations of evaluating human dignity with some scholars claiming that a qualitative methodology may be too limited, as there is no guarantee that researchers understand dignity better than participants (Barclay 2016). However, it seems evident that the theory must be grounded in the unique and first-hand expertise of end-users, and the grounded theory approach of this study relied on end-user interviews defining both the actual and ideal built environment experience. Therefore, the robust results from this study argue for the use of a qualitative methodology to explore this topic, adding to recent scholarship supporting this approach (Ajeen et al. 2023; Faerden et al. 2023).

5. CONCLUSION

The conceptual model of Dignified Design provides a framework for designers and providers of service-enriched housing settings. It posits that a combination of affordances—safety, comfort, community, and control—and design attributes—sensory engagement, nested layers, and identity anchors—contribute to an experience of dignity for people facing housing instability. The qualitative research methods of this study utilized a robust grounded theory analysis in which the voices of both residents and staff guided model development. Given ample evidence that the built environment can influence an experience of indignity for people facing housing and health instability, designers bear a responsibility to make decisions that enhance the experience of dignity in these settings.

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