'Tot nut van het Algemeen'

'to the benefit of the common'

Research Report

"Het is onmiskenbaar dat mensen in onze huidige netwerk- en informatiesamenleving mondiger en zelfstandiger zijn dan vroeger. Gecombineerd met de noodzaak om het tekort van de overheid terug te dringen, leidt dit ertoe dat de klassieke verzorgingsstaat langzaam maar zeker verandert in een participatiesamenleving. Van iedereen die dat kan, wordt gevraagd verantwoordelijkheid te nemen voor zijn of haar eigen leven en omgeving."

- Willem-Alexander, Koning der Nederlanden
  17 septembre 2013

"It is unmistakable that the people in our current network- and information society are more assertive and independent than before. Combined with the need to reduce the deficit of the government, this leads to the traditional welfare state slowly but surely turning into a participatory society. Everyone who is able to do so, is asked to take responsibility for his or her own life and environment. "

- Willem-Alexander, King of the Netherlands
  17 septembre 2013

INDEX

INTRODUCTION

This publication is part of the Graduation Studio Dutch Housing: 'Stronghold Amsterdam'. Within this studio, we've done research to the future city of Amsterdam on different aspects and scales. The outcomes of this research forms the base of an individual research and design assignment. In this report, the results of my individual research is published and results in starting points and the base of the following design assignment.

The research focusses on the housing situation of vulnerable people in the contemporary and future city of Amsterdam. With the reform of the social health care system in 2015, a lot has been changed on this matter and therefore relevant to investigate. This reform also have implactions on the way how we design housing for vulnerable people and how we give them a place in the build environment. This research focusses on the way how we trough design could help these people find a place in our contemporary complex society and enable them to fully participate limited to their abilities.

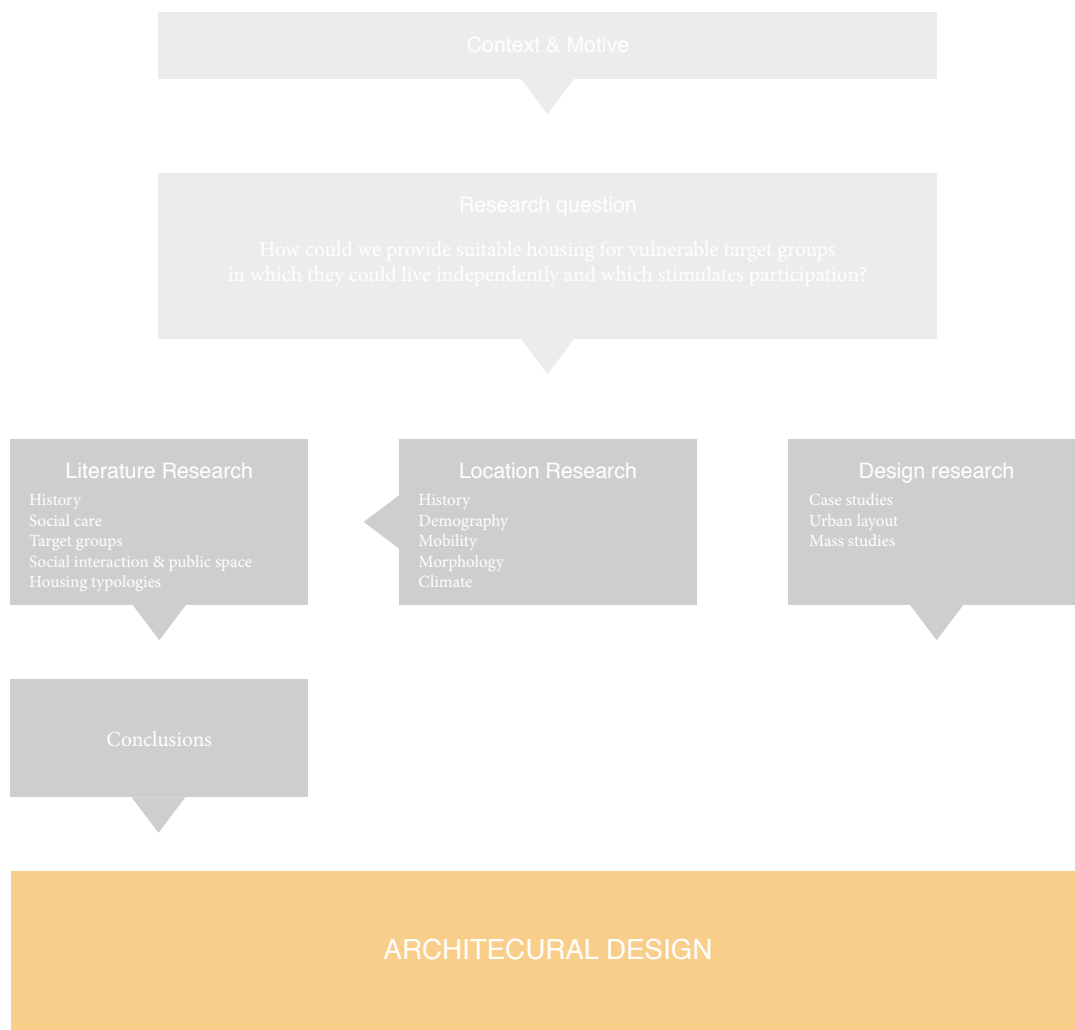In this research I will try to compose an answer to the following research question:

How could we provide suitable housing for vulnerable target groups in which they could live independently and stimulates participation?

This research question will be split up into sub research questions to structure the research and make sure that the research is thorough:

- What are the common indicators of vulnerability and what problems are caused by it?

- What are the requirements to live independently?

- How can the participation of vulnerable people be stimulated?

- What kind of housing types can be suitable for vulnerable target groups?

RESEARCH METHOD

The research is build up in such a way that it eventually will lead to a architectural design assignment. In this design assigment, the requirements for a housing scheme for vulnerable target group are defined. The combination of the literature research, location analysis and the design research will lead to a set of conclusions wich eventually form the base of the architectural design project.

Context & Motive

Research question

How could we provide suitable housing for vulnerable target groups
in which they could live independently and which stimulates participation?

Literature Research

History
Social care
Target groups
Social interaction & public space
Housing typologies

Location Research

History
Demography
Mobility
Morphology
Climate

Design research

Case studies
Urban layout
Mass studies

Conclusions

ARCHITECURAL DESIGN

VULNERABLE TARGET GROUPS

In this chapter we will look into the target groups of this research. We will investigate why these groups can be marked as vulnerable, what their abillities and disabillities are and what their role in society is nowadays.

VULNERABILITY

The term vulnerability can be defined in different ways. When we talk about vulnerable people the most applicable defenition is:

"A vulnerable civilian is a person who is not self-reliant and therefore unable to socially participate. Someone is non-self-reliant when he/she is unable to participate in society on his own or with help of his network. Also civilians that are at risk to fall behind in society or becoming socially isolated, caused by their disabbilities or other problems, can be marked as vulnerable."

Vulnerability is a broad term and can be caused by various reasons. Therefore it is hard to categorise vulnerable people in well-defined target groups and determine the needs in terms of care and assistance. To assist organisations, Movisie defines the causes of vulnerability by 5 different groups: aging disability, physical disability, mental disability, psychological disability, general issues/problems.

Movisie pleads for a renouncing the 'target group-thinking' approach by using these categories. Because of the use of these categories it is more easy to define the degree of vulnerability of a individual, in contradiction to the targetgroups which are used by the municipality of Amsterdam in their report 'Programma Huisvesting voor Kwetsbare Doelgroepen. The problem with ' target group-thinking is that it is hard to determine if someone is eligible for professional help if this person is not labeled correctly (Veltman, M., & Meulmeester, M. (2014). p. 80).

The causes of vulnerability, as mentiond above, can be split out in 5 categories. In the following paragraph they will be described more comprehensive to give an insight in the causes and consequences of each.

Aging disabilities
This cause of vulnerability can be seen as the most common reason for vulnerability. At a certain moment in life every person will face the decline of physical and mental abilities when they get older. An example of target groups that can be marked as vulnerable because of this cause are elderly with dementia and elderly with a physical disability. Elderly with dementia need a lot of care and increasingly unable to control their lives and therefor can be marked as vulnerable. Elderly with physical disabilities
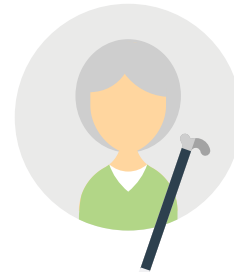
Ageing disabillities
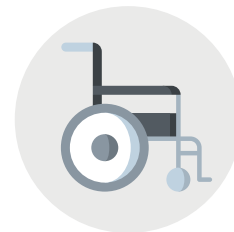
Physical disabillities

Mental disabbilities

Psycological disabilities

General issues

most likely aren't able to individualy move around and therefore aren't able to participate in daily life. With the lack of a social network and or social care, loneliness is a frequent cause in this group of vulnerable elderly.

Physical disabilities
This cause of vulnerability is very broad and probably the cause that fits the most people. Every type of illness or disabillity that isn't mentally related causes vulnerability in some way. The consequences differs very much in intensity. The vulnerability of, for example, a person with diabetes, can't be compared to a blind person. It really depends on the medical sollutions that are available to determine the social consequences of this cause of vulnerability.

Mental disability
Mental disabilities can cause a obstruction to participate in daily life. A well-known example of mental disability are people with Down's syndrom. Also people that suffered brain damage can be seen as an example. The characteristics of mental disabilities most of the time are a low intelligency level, motoric problems, educational problems and lack of social skills. This causes that these people do need a lot of assistance with general daily activities. They do have problems to be socialy active in any way and therefore most of the time only can rely on familly. (GGD Drenthe, 2017)

Phsycological disability
Psycological disabilities can be defined as an embracing term to indicate mental illnesses like depresiveness, AD(H)D, anxiousness, personality disorders, schizophrenia, addictions (alcohol/drugs/gambling), Bulimia, and many more. These mental deseases causes various problems for people that they can't fully function anymore. (Kenniscentrum Cross Over, 2017)

General issues
This cause can be seen as the left-over category. General problems that causes vulnerability are for example domestic violence, financial problems or parenting problems.

People that can be marked as vulnerable sometimes can be categorised in multiple groups. It is possible that people with a mental disability also have physical problems.

a   Veltman, M., & Meulmeester, M. (2014). p. 80
a   GGD Drenthe, *Verstandelijke beperking*,(2017, 10 december) Retrieved from https://ggzdrenthe.nl/psychische-proble-men/verstandelijke-beperking
a   Kenniscentrum Cross Over, *Werk en Handicap: psychische problemen,* (2017, 10 december) Retrieved from http://www.kcco.nl/werk_en_handicap/psychische_problemen
a   GGD Amsterdam, 2015

VULNERABILITY IN AMSTERDAM
The municipality of Amsterdam measures vulnerability along 3 aspacts: self-reliancy, social inactivity and social exclusion. These doesn't say anything about the reasons for peoples vulnerable state, but is chosen to measure the amount of vulnerable citizens. In the factsheet 'Kwetsbare groepen in Amsterdam', the municipality made an inventory of how much people can be marked as vulnerable in the city. They didn't took into account the people that, at the time the research was done, already where in a social care institution or homeless.

Self-reliancy in Amsterdam
In Amsterdam 15% of the people can be marked as reduced self-reliant. This means that without any help they are not able to execute normal daily activities, like personal hygiene, cleaning, cooking and doing laundry. In the group of low educated people, 40% of them having trouble with self-reliancy.

Social inactivity in Amsterdam
A large part of the citizens, 87%, do have a job or education and therefore can be marked as social active. On the other hand, 13 % of the people in Amsterdam are socially inactive. Chronically ill people (27%) and people with a moderate or poor health (35%), a physical disability (42%) or severe psychological complaints (43%) are more often socially inactive than the average citizen. Also low educated people are more socially inactive.
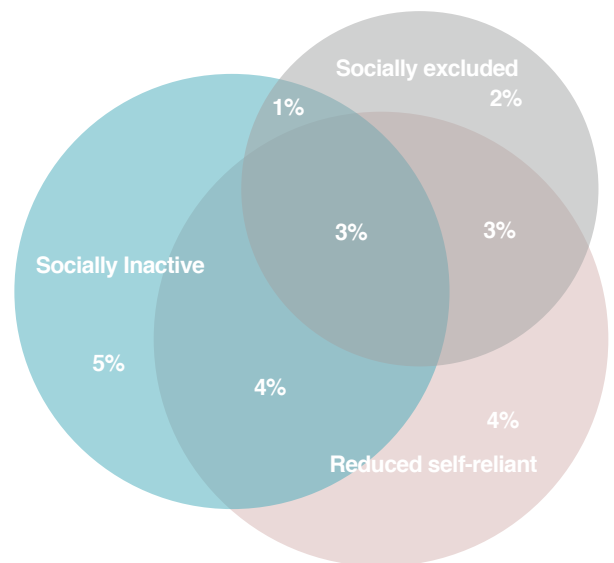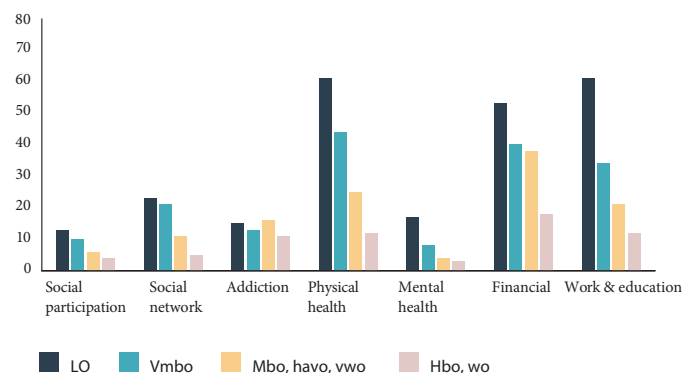
Social exclusion in Amsterdam
In Amsterdam 25% of the people are socially excluded . Whitin this group, 36% can be marked as moderate to strong socially exluded and 64% as little socially excluded. Nationally, the social exclusion rate lays around the 15%. Insufficient social contacts or financial resources, for example, can lead to social exclusion. Also inadequate medical care, poor living conditions or discrimination can cause people to become socially excluded.
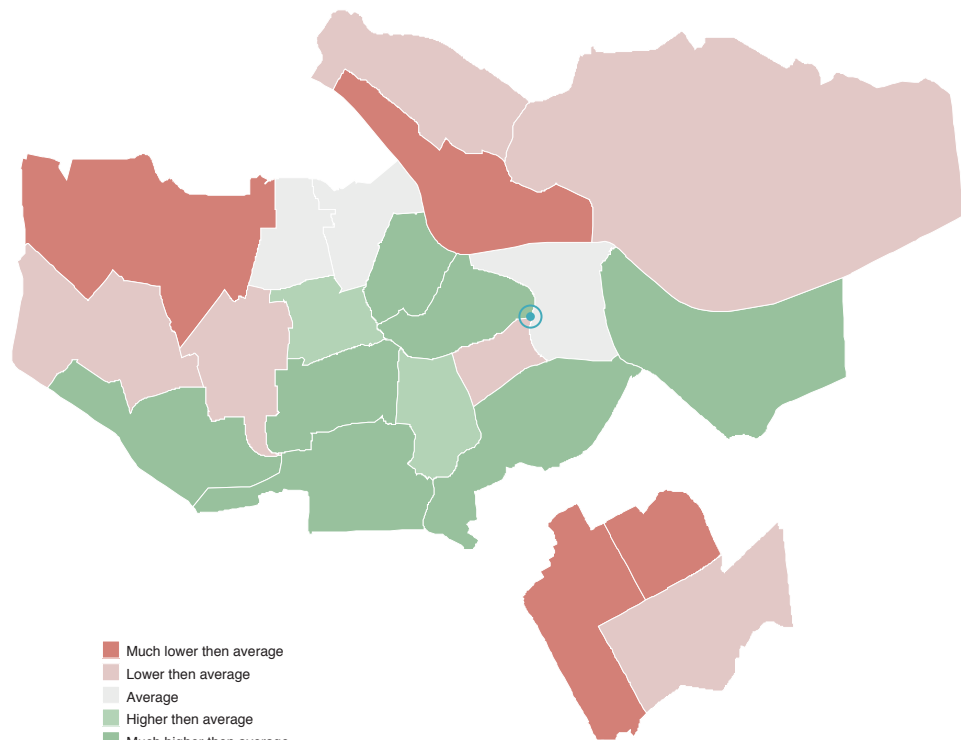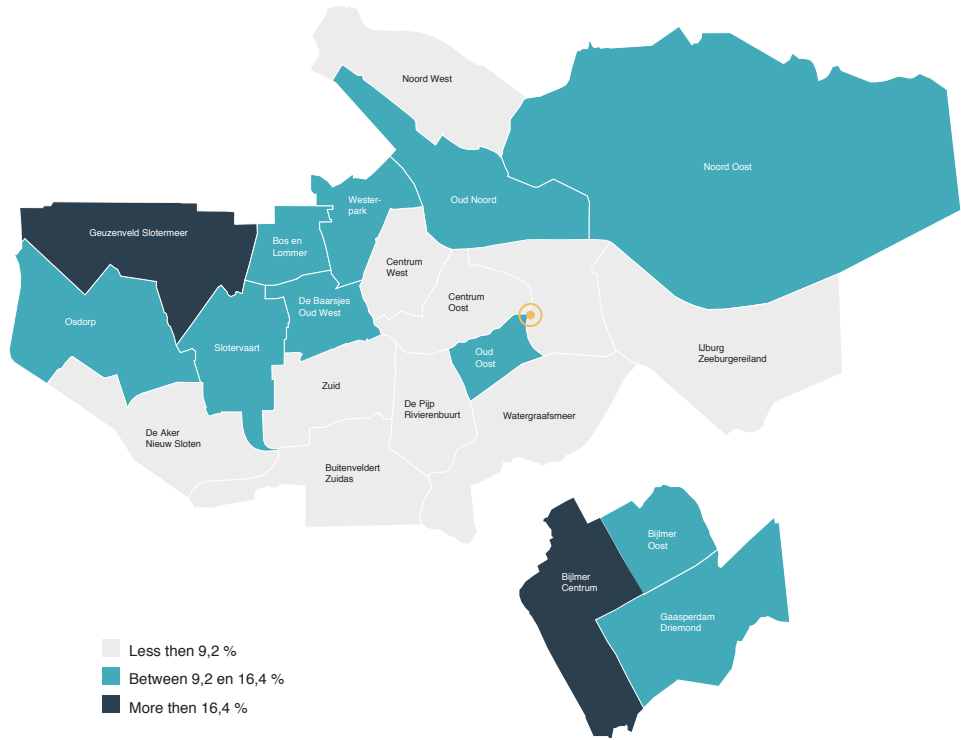
Citizens with a low educational level, a low income or without paid work are more often socially excluded than citizens with a more favorable socio-economic position. The majority who are married or cohabiting can keep up with society.

The report also shows that a quarter of the Amsterdammers with an unfavorable health experience is moderately or strongly socially excluded. That is more than the average in Amsterdam (9%). Social exclusion is also common in chronicly ill patients (17%), and residents with severe mental health problems (45%) or residents with sensorly disabillities in hearing, seeing or moving (27%).

In Amsterdam 3% of the citizens are vulnerable on all three indicators of vulnerabillity. In other words: problems on one of the indicators are associated with problems on the other indicator. This can make people extra vulnerable. This correlation is mainly found among the low educated people (13%), residents of non-western origin (8%) and divorced (12%) or widowed (10%) citizens. [1]

Noord West

Noord Oost

Geuzenveld Slotermeer

Wester-
park

Oud Noord

Bos en
Lommer

Centrum
West

Osdorp

De Baarsjes
Oud West

Centrum
Oost

Slotervaart

IJburg
Zeeburgereiland

Oud
Oost

Zuid

De Aker
Nieuw Sloten

De Pijp
Rivierenbuurt

Watergraafsmeer

Buitenveldert
Zuidas

Bijlmer
Oost

Bijlmer
Centrum

Gaasperdam
Driemond

Less then 9,2 %

Between 9,2 en 16,4 %

More then 16,4 %

Much lower then average

Lower then average

Average

Higher then average

Much higher then average

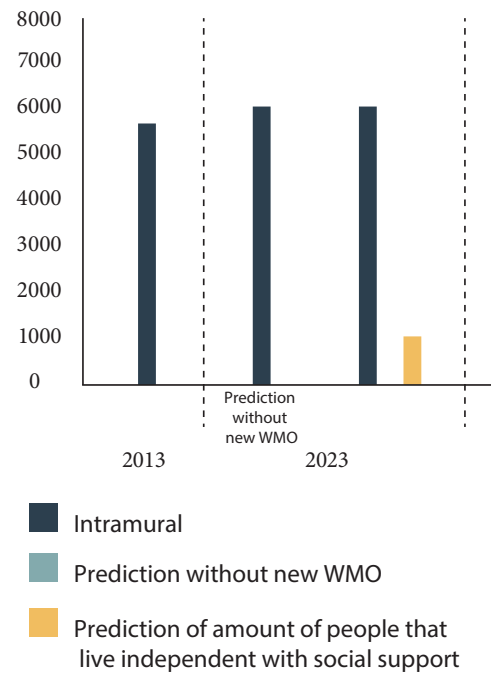Comparison of Amsterdam vs. the dutch average

FUTURE SCENARIO FOR AMSTERDAM

With the reform of the social healthcare system in the Netherlands, the demand for independent living with ambulant support will increase. According to the KCWZ, the demand will particularly increase in the Randstad. They expect an increasing amount of people with a mental/psychological disorder that are forced to live outside the protecting walls of an intramural facility.[1]

Future numbers about how many people will need a place in a institution or need to live independently with ambulant support , are scarce and highly uncertain, because of the careness that is applied by responsible parties regarding publishing numbers about the clients and their caractheristics. The municipality of Amsterdam published a bit of information about the figures of social support and protected living in the city about the year 2015 and 2016. This report shows that the amount of people that rely on a form of social support has increased with 30%.[2]

The KCWZ predicts that in Amsterd both the people with a mental disability and people with a psychological disorder that live independently will increase.[3]

Because the reform of the social healthcare system has been implemented just recently, it is hard to say if it already caused a massive shifts in the amount of people that need to live independtly with support or that they are place in an intramural facility. The people that already had a an indication for intramural care kept this status despite the implementation of the new WMO in 2015.
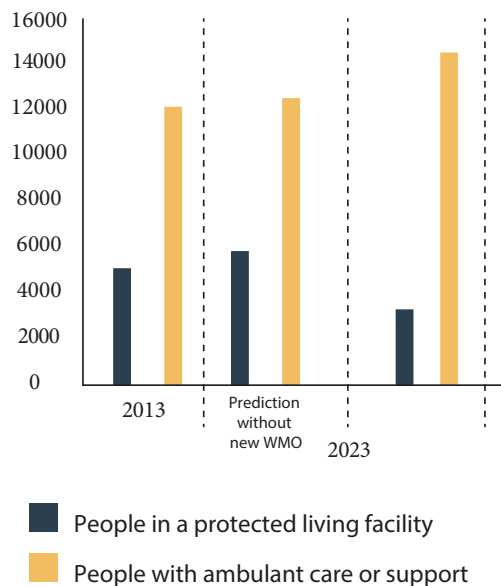
Legend:
- Intramural
- Prediction without new WMO
- Prediction of amount of people that live independent with social support

Legend:
- People in a protected living facility
- People with ambulant care or support

1   Facts retrieved from KCWZ.nl 'Pscychische problematiek wonen met zorg 2013-2023'
     https://www.kcwz.nl/thema/cijfers-en-trends/meer-woningen-nodig-voor-ouderen-en-gehandicapten/psychische-problematiek-en-wonen-metzorg
2   Gemeente Amsterdam, 2017, p. 219
3   Facts retrieved from KCWZ.nl 'Pscychische problematiek wonen met zorg 2013-2023'
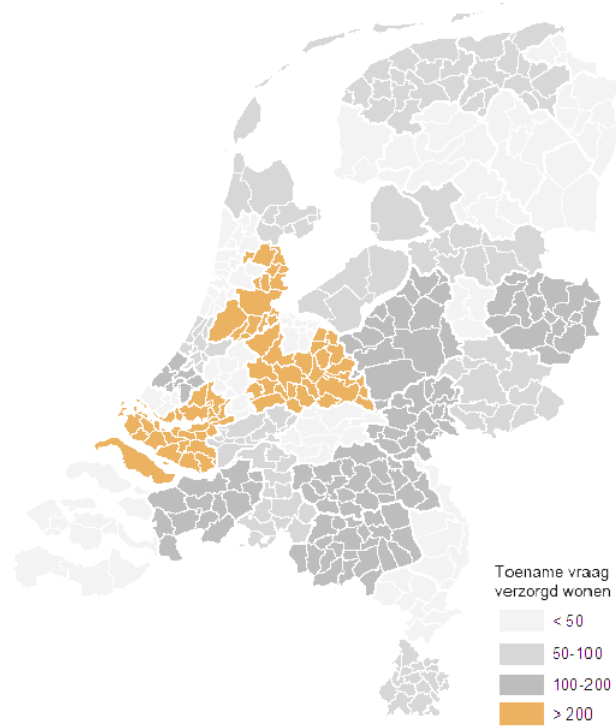
Regions with an increasing amount of people with a psychical dissorder
that need to live independently with social support.
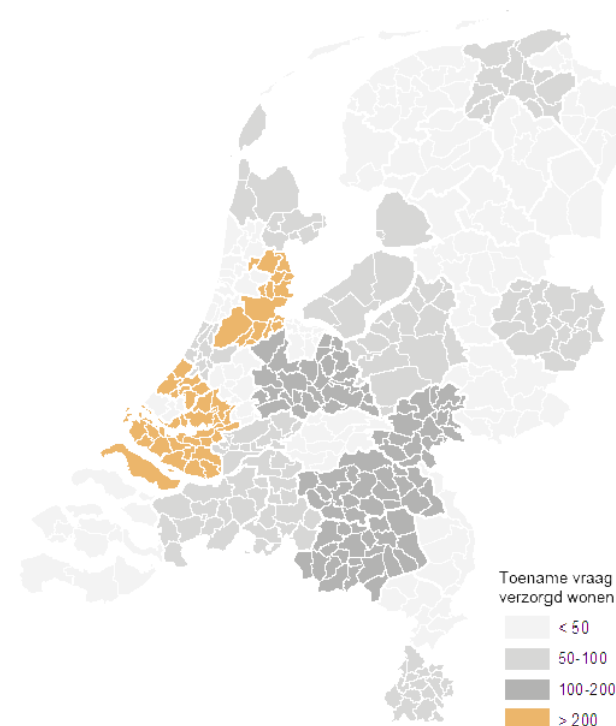
Regions with an increasing amount of mentally disabled people that
need to live independently with social support.

AMSTERDAM HOUSING PROGRAM FOR VULNERABLE TARGET GROUPS

Amsterdam is growing rapidly. The amount of inhabitants is increasing with 10.000 people on a yearly bases. As a result, the prices of dwellings are rising and the waiting list for social housing is getting longer every day. For nobody it is easy to find a suitable place to live in the city of Amsterdam, especially for those who already having difficulties caused by mental, physical or social problems. These people are getting stuck in life because they aren't able to keep their house or aren't able to find one. Sometimes they are placed in social shelter/care institutions, while a independent living space would be more appropriate.

Because these people aren't able to deal with these problems, the municipality of Amsterdam made a plan called 'Programma huisvesting kwetsbare doelgroepen' to provide these people with suitable housing. The aim of this program is to create a city that is in balance, a city where people from all social classes can find a suitable place to live.

The municipality of Amsterdam marked various groups of people as a vulnerable group in their rapport 'Programma Huisvesting Kwetsbare groepen'. They focus on the groups that on the ground of social or medical circumstances have urgent housing problems. The municipality divided the group in 3 larger categories and some additional groups. In the first place thet are divided in the groups adults, yougsters and famillies. Besides that there are social/medical urgent people, statusholders, victims of domestic violence, informal caregivers, resigning people of the sexindustry, mildly mentally disabled people and wheelchair-indicated people.

Adults

The group of adults exist out of people with an age of 23 or older that have been in the 'Maatschappelijke Opvang' (Social care) or a Protected Living-program and who are returning towards a more independent housing situation. Within this group, a part of them needs intensive assistance to be able to live independent.

This group also includes people that are coming out of a detention institute or people that are involved with the police frequently. Most of the time, these people can be indicated for a protected living facility or a intramural social care facility. To prevent these people from falling back in there former habits, the municipality gives them an urgent status on the provision of housing.

Youngsters

Uitstroom (zwerf)jongeren 18-23 jaar
This group of young-adults are coming out of a social care institution or protected living facility with 24h assistance. After this program, some of them are ready for a next step towards a independent life and need a suitable place to live.

A special group in this matter are the young adults that are coming out of a intramural youth care facility (Jeugdzorgvoorziening), wich in some cases are closed facilities or facilities with 24h care/assistance. These young adults are usually eligible for a protected living program.

Spookjongeren
This group consist out of youngsters between 18 and 27 that don't have a permanent living place and don't have education or work. Because they don't have a adress they are not able to receive social payments. They also don't have a social network or familly where they could shelter and urgently need a house to be able to take part in a social program towards a job or education.

Families

The group of families are mothers and/or fathers with children, also included young (18-23 years) mothers, who have been part of a social care program and are coming out of this program. The municipality expect increasing numbers in this group, up to 60%. They expect that there will be a need of 100 suitable dwelling by 2018, while in 2014 only 60 dwellings where needed.

Overlastgevende multiprobleemgezinnen (OMPG)
This group of families having a record of nuisance and most of the time are having multiple problems (debts, nuisance, domestic violence etc.). The municipality is willing to help these families by providing them a urgently status for housing, but in condition that the families accept assistance and help to solve other problems.

Jeugdzorggezinnen
This group is part of the program of the municipality to protect the development and safety of childrens in vulnerable famillies. A dwelling is the base to solve the various problems that most of these families face. This group is quiet simmilar to the group of (O)MPG's and only have the right to a urgently indication when they are willing to accept assistance.

Pleegzorggezinnen
A special group of famillies that are part of the municipalities

The information out of this text is retrieved from the report 'Programma Kwetsbare Doelgroepen Amsterdam' (2015) of the Gemeente Amsterdam

Benodigde wooneenheden

Benodigde wooneenheden kwetsbare groepen naar aantallen		**Jaarlijks geprognotiseerde aantallen wooneenheden voor 2016, 2017 en 2018**
Volwassenen	Uitstroom MO[6]	250
	Uitstroom BW	100
Jongeren	Uitstroom (zwerf)jongeren	25
	Spookjongeren	20
Gezinnen	MO gezinnen	100
	(O)MPG	25
	Jeugdzorg	22
	Pleegzorg	20
Sociaal medisch urgenten		450
Statushouders		1.500
Slachtoffers huiselijk geweld		50
Mantelzorgers		n.t.b.
Overige groepen	Uittredende sekswerkers	5
	LVBers	100
	Rolstoelgeïndiceerden	30
Totaal jaarlijks		2.697
Marge 10% (afgerond)		+ 270
Regulier nodig jaarlijks		**2.967**

Tabel 2. Omvang huisvestingsvraag kwetsbare groepen (wooneenheden)

	2016	2017	2018
Regulier nodig per jaar	2.967	2.967	2.967
Extra opgave: 1.000 woningen voor omslag MO/BW	+ 300	+ 300	+ 400
Totaal jaarlijks benodigde wooneenheden	3.267	3.267	3.367
Totaal aantal wooneenheden 2016 – 2018 (afgerond)			**9.900**

program are the 'pleegzorggezinnen' (foster care families). These families don't have any problems regarding independentness or social problems, but sometimes need help to find a suitable house because their own house isn't suitable to function as foster famillie.

Social/Medical Urgents
This group consists out of people that because of a medical or social reasons aren't able to stay at their own house and urgently need a suitable place to live. Most of the times, these people are disabled, have permenant psychicological or psychosocial problems.

Statusholders
In the Netherlands, municipalities have the responsibility to provide housing for refugees that received a permit. Amsterdam needs to locate 2000 of these people in the city every year. Since 2013, Amsterdam located 400-500 refugees, which is far less then they should. Within this group, almost 40% are famillies.

Victims of domestic violence
Victims of domestic violence most of the time have been in a shelter place and are seeking for an independent place to live. This group mostly consist out of women, with or without children.

Informal care givers
'Mantelzorgers' (informal care givers) do have the right for an indication of urgency for housing when they can prove that their need for housing is related to their activities as a informal care giver or that their activities are under pressure because of their housing situation.

Resigning people of the sex-industries
When people that are active in the sex-industry, volentarily or forced, want to get out of it and having trouble finding a place to live, they can get a indication of urgency. Most of the time they are coming out of a shelter place or social care institution.

Mildly mentally disabled people
As a result of the decentralisation and extramuralisation in the care system, this group of people need to live independently more often. They are less likely entitled to a place in a care institution or assisted living place and need to live independent as long as possible, with the help of social assistance when nescessary.

Wheelchair-indicated people.
The shortage of 4/5-bedroom dwellings for people in a wheelchair causes long waiting lists. Because of this shortage, this group of people can have a indication of urgency.

Numbers
In the table next to the text, the municipality defined the numbers of dwellings that are needed until 2018 for the above mentioned vulnerable groups. In total, almost 10.000 places are required to provide enough space for these groups in the city. A large amount of this number is caused by the demand for refugee-housing.
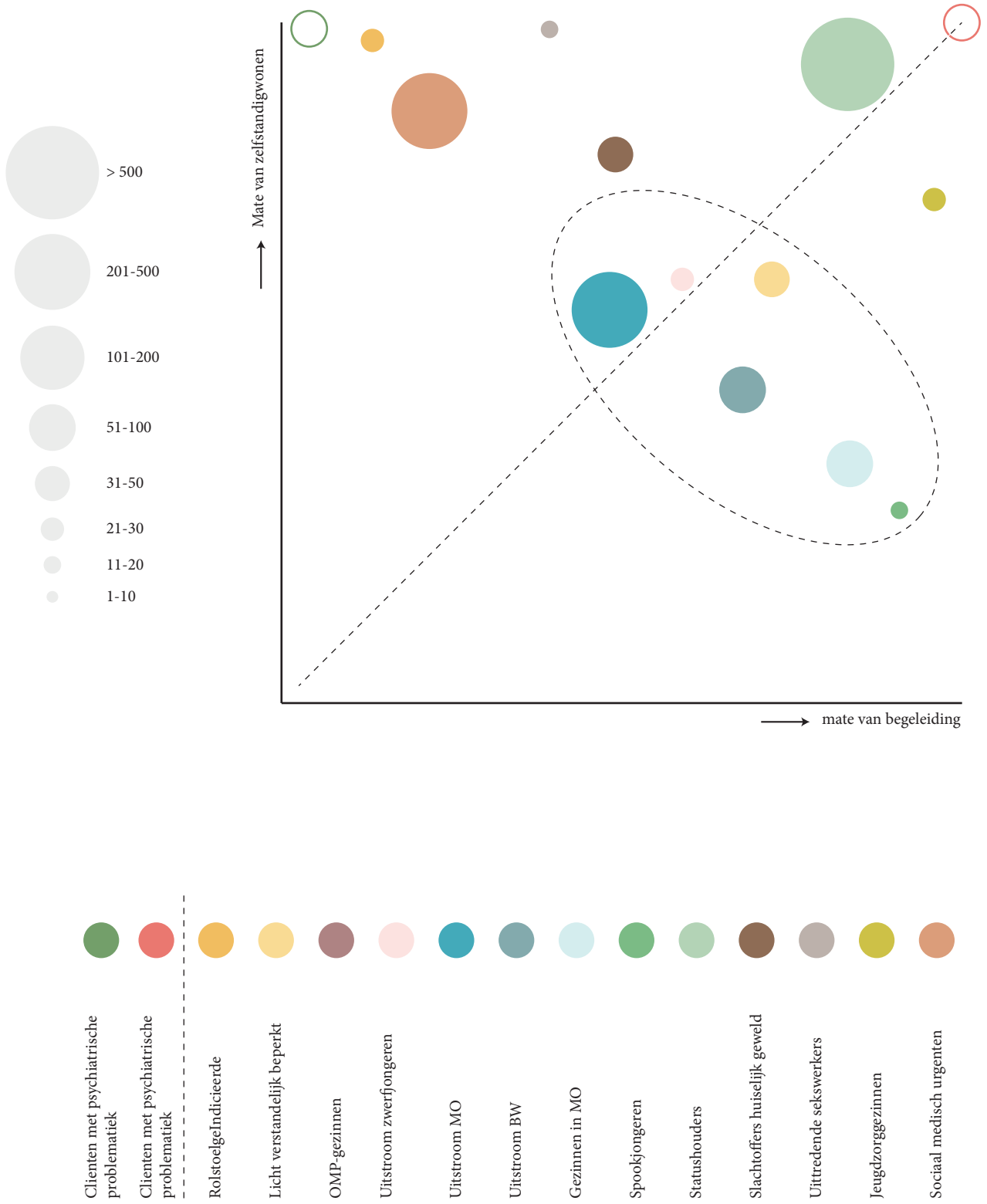
In this research, I will focus on the circled group. These target groups are most influenced by the new approach in the social care system and therefore can benefit the most of the results of this research and design assignment. The research will focus on the housing situation of these groups and the architectural princials that can help these groups to live independently as long as possible.

Urgency
Why is it so important that these people find a suitable place to live in Amsterdam? First of all, the municipality of Amsterdam pretends to be a pleasant city for everyone *(Stad in Balans, 2015)*. This means that the city should provide a place for anyone, poor or rich, educated or not educated, healthy or disabled.

The second reason is that since the change of the WMO in 2015, people that need assistance and/or care are forced to live independently as long as they can. The need for suitable housing for these groups therefore is higher then ever. Because of this change in the care system, the municipality has a larger responsibility to provide suitable housing for these groups to prevent that they need to live in shelter places and social care institutions, while an independent living space would be more helpfull.

The municipality saves 35.000 Euro a year for every person who can live independently compared when they are in a protected living facility and 10.000 Euro for every person who is in a assisted living facility. So the urgency is not only social motivated, but also financial.

The information out of this text is retrieved from the report 'Programma Kwetsbare Doelgroepen Amsterdam' (2015) of the Gemeente Amsterdam

Mate van zelfstandigwonen

> 500

201-500

101-200

51-100

31-50

21-30

11-20

1-10

mate van begeleiding

Clienten met psychiatrische problematiek

Clienten met psychiatrische problematiek

RolstoelgeIndicieerde

Licht verstandelijk beperkt

OMP-gezinnen

Uitstroom zwerfjongeren

Uitstroom MO

Uitstroom BW

Gezinnen in MO

Spookjongeren

Statushouders

Slachtoffers huiselijk geweld

Uittredende sekswerkers

Jeugdzorggezinnen

Sociaal medisch urgenten

Analysis of the vulnerable target groups mentioned in the report 'Programma Kwetsbare Doelgroepen Amsterdam

CHARACTERISTICS OF CHOSEN TARGET GROUPS

The people I will further research as target groups for the design proces are 'Uitstromers uit de BW/MO' (Former social care and protected living clients), famillies with social problems, young adult homeless and mildly mentally disabled people. To find out what can help to enable them to live independently I will describe their characteristics and needs. It is most likely that at the end we can conclude that a lot of characteristics are interrelated.

'Uitstroom MO/BW'

Social shelter programs offer temporary stays to people without a house, coupled with care and / or support. For more than twenty years, municipalities have been responsible for this type of social care. Since 2007, 43 central municipalities have been responsible for the policy and funding of Social Support in their region. Clients of social care have a lot in common. They often struggle with multiple, interrelating problems. For example, there is often a combination of homelessness, violence problems, debts, educational problems, psychiatric, somatic and / or addiction problems and / or unemployment or the absence of meaningful daytime activities. This often makes the request for help complex and comprehensive.[1]

'Zwerfjongeren'

A lot of these youngsters (60%) have a history with Youth care (Jeugdzorg). When they turn 18 years old the supervision of this form of social support ends. Most of them are having trouble to find the right path towards help after this moment. Not only because they don't know where to get it, but also because they already have been in this system of social support for a long time and think that they don't need it or don't want it any longer. They want to dispose themselfs of the interferrence of others and want to take care of themself, altough a lot of them are not capable doing so.

- Young homeless people almost all have to deal with complex, multiple problems. First, they lack suitable accommodation is a trigger or the result of a lot of these problems.

- More than 40% of homeless young people have serious or long-term psychological problems: the most common are ADHD, manic depressive, borderline and schizophrenia. In addition, they also have complaints of a depressive nature and aggression problems.

Uitstroom Maatschappelijke Opvang & Beschermd wonen in Amsterdam

Amount of clients that moved to a independent living situation. Individuals or famillies

2010	2011	2012
135	**134**	**164**

2013	2014	2015
128	**214**	**271**

Increasing amount of people that moved from a protected living facility towards an independent form of living in Amsterdam

- Nearly 25% of young homeless people have a mental disorder or have an intellectual disability. In recent years there has been an increase in the number of homeless young people with psychological and psychiatric problems.

- The lack of a vital social network. Almost 70% of young homeless have parents that are divorced. More then 50% of the young homeless run away from their parental house.

- Financial problems. More than half to three quarters of young homeless people have debts. These debts vary from € 40 to € 70,000. The indication is that three-quarters of young people have debts, with an average of around € 5,000 (2011).

'Spookjongeren'

These are young people, between the ages of 18 and 26, who do have a home but are not registered in the General Register of the government. As a result, it is not possible to follow education, take health insurance and / or receive financial support. They don't register themself to avoid contact with creditors or attendance officer of their school.

1   Kooistra, 2016, p.24
2   Movisie, 2014

Psychological disability	37%
Affective disorder (Anxity, depression, bipolair disorder)	14%
Personality disorder	10%
Autism	9%
ADHD and other developmental disorder	5%
Physical disabillity	2%
Addictional problems	6%
Multiple diagnoses	5%
No diagnose	11%

Problems of clients that are/have been in a protected living facility

'Spookjongeren' not only disappear for creditors, but also avoid contact with parents, brothers and sisters. The family, parents, and acquaintances are seen as key figures who determine the guidance and approach. Because of shame they often do not dare to ask for help from family. But parents also do not want to be saddled with the entire debt problem. This leads to social isolation and inactiveness of these young people.

The far-reaching consequences for ghost youngsters:

- due to no income, debts run even higher and more arrears
- severely reduced social network, out of shame for the problems.
- no opportunities for training and suitable work
- the young people lose the rights to income provision, education, medical care and support.

'Licht verstandelijk beperkten'

The term 'mildly intellectual limited' (LVB'ers) indicates children and adolescents with an intelligence quotient (IQ) between 50 and 70. This is accompanied by limitations in their social adaptability.

The extent to which people with a mild intellectual disability need support varies and depends on their daily functioning, the living environment and additional problems such as learning disabilities or psychiatric problems. The majority of LVB'ers functions well in society and does not need professional support. However, there is a group of LVB'ers who, in addition to a below average IQ and limitations in their social adaptability, experience additional problems. This group exhibits problematic behavior and therefore needs (extra) support.

Mild intellectual limited people often suffer from a complex of problems, there are a multitude of factors that often have a negative effect on their daily functioning. In addition, they often come from multiproblem families. Their parents have insufficient insight into the problems of their children and have inadequate parenting skills. The interaction between the problems of the child and the limited parenting capacities of the parents ensures that the behavioral problems are maintained or worsened. This group often lacks an adequate social support system to be able to keep ip in the complex and fast contemporary society.[1]

In order to determine the requirements of independent living for the chosen vulnerable groups it is necesarry to determine the most frequent and common problems of the target groups. Out of the different discriptions and studies towards the vulnerable groups we can determine several problems that occur in most of the groups. One of the main problems is the absence of a suitable dwelling. Sometimes this is the base of the problems (Gezinnen in de MO) or the result of other problems (Uitstroom BW/MO). In all groups, the lack of a solid social network with meaningfull relationships between the vulnerable and its family, friends or relatives is a problem. The consequence is that they don't have a social safety net if problems emerge.

Most of the vulnerable people don't have a starting qualification as a result of a finished education. The result of that is that they don't have a job and therefore not enough money. This can result in losing your right to have a house, which brings us back to the first problem.

A lot of the target groups consists out of people with low intelligance and/or mental disorders/disabilities. In case of mental disorders, the problem can be manageable with the right support and (sometimes) medication.

1   Zoon, M., 2012, p. 1-3

Lack of suitable dwellings

No education and low intelligence
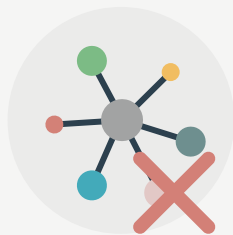
No vital social network

Financial problems

No job or other daily activity

Mental disorders/disabilities

Most frequent problems of vulnerable target groups

AN OWN HOME
EXTRAMURALISATION OF THE CARE SYSTEM

In this chapter we will look upon the history of the care system in the Netherlands, the developments that took place during the 20th century and the recent change in this system: the socializationproces of the welfare state. This latest development caused a radical change in the way care is organized in our society and has a lot of influence how we deal with vulnerable people in society.

THE SOLUTION TO
HOMELESSNESS?
HOMES

RED TAYLOR p.9   PAGE 10   THIS PATCH OF SKY p.

THE HISTORY OF SOCIAL CARE IN THE NETHERLANDS

The modern approach of social care in the netherlands can be seen as an result of historical developments of care. These developments finds their origin in the beginning of the Middle Ages, when the care for the poor and sick was orginased in monastries (Querido, 1960, pp. 10-12). During the 12th century, the 'gasthuis' makes his entrance in the Netherlands, with the founding of the Sint Catherina Gasthuis in Utrecht (van der Linden, 2009). This markes the start of the development of social care institutions in the Netherlands, because as a result more 'gasthuizen' where founded in the following decades. Where the 'gasthuizen' can be seen as a general shelter place for people with various difficulties, like poverty, elderly, illness, more specialized institutions were founded. One of the first specialized institutions were the 'beyerds', a shelter place where homeless could stay for a couple of nights. In 1422, for example, the 'dolhuis' was found in 's Hertogenbosch. This institution was meant for psychiatrical patients and people with mentall illness. Also the first orphanage was esthablished in 1492. These developments were most of the times a result of privat initiatives of the bourgeoisie with mercyfulness or religious motives, not a result of governemental interference (Linden, 'Body of Knowledge Sociaal Werk', nd). Next to religious motives, the initiators of these social initiatives tried to build a social safety net to avoid anarchy and protests from the lower social classes. They considered this necessary because, unlike in other European cities, high and low class citizens lived relativly mixed in the dutch cities. Besides that, the lower classes where of great importance for the higher class citizens, because they formed the labour capital of society (Medema, 2008, p. 244).

During the Reformation in the 16th century and the arise of humanism, this social care system changed. The government and Catholic Church where very much strengled before the Reformation, so the control over the social institution where more or less in the hands of the church. After the Reformation, gradually the control moved over to independent boards of the institutions, which where mostly formed by regents of local governments.

During the 19th century, the social care was organised from three different philosophical directions, namely liberal-reformed , orthodox-reformed and the catholic 'inwendige zending'. This caused a massive decentralisation of the social care system. Thousands of institutions where formed and all focused on their own approach towards social care. The government had little influence because of the Armenwet of 1854, which stated that the social care should be a privat initiative that only in utmost necessity could be supported by the government (Linden, 'Body of Knowledge Sociaal Werk', nd). In this period, the institution became more specialized by the araise of institutions for deaf and blind people, mentally disabled, the provision of work, neighbourhood nursing and institution for probation. Also other local social initiatives took place in the form of daycare and community centers.

At the end of the 19th century, a more scientific approach towards social care became the standard. This approach was very much in contradiction to the more decentralized, systemless approach driven by charity. Along with the professionalisation of care, a educational institute was founded which focused on specific disciplines of social care: care for the poor, childprotection, housing provision, youth care and social worker.
Along with this professionalisation of the social care system, also the governemental interference increased with the application of various social acts as the education act, insurance acts and youthcare acts.

This developments carries on during the beginning of the 20th century, when the earlier mentioned 'Armenwet' was expanded and from that moment allowed more governemental control and support. In contrast to this development, it takes untill 1957 to take the next step towards the famous welfare state, with the introduction of the pension act (AOW). But from that moment on, the unrollment of the modern social care system accellerates. In 1965 the ABW was introduced, which ensured the people of a minimal wage for living.

Governemental support already excisted partelly in 1940, but with the 'Welfare State' emerging from 1965 onwards, this support was extended to the whole social work and healthcare system. During the '70's, the downside of this policy came to light because of the financial crisis. The system was to expensive and couldn't be maintained financially. This caused a massive cutback of the welfare system during the 1980's. From this moment, the governement started to move slowly into the direction of a more participatory welfare system in which the civillian is more self reliant and responsible for themself and people in their surroundings.
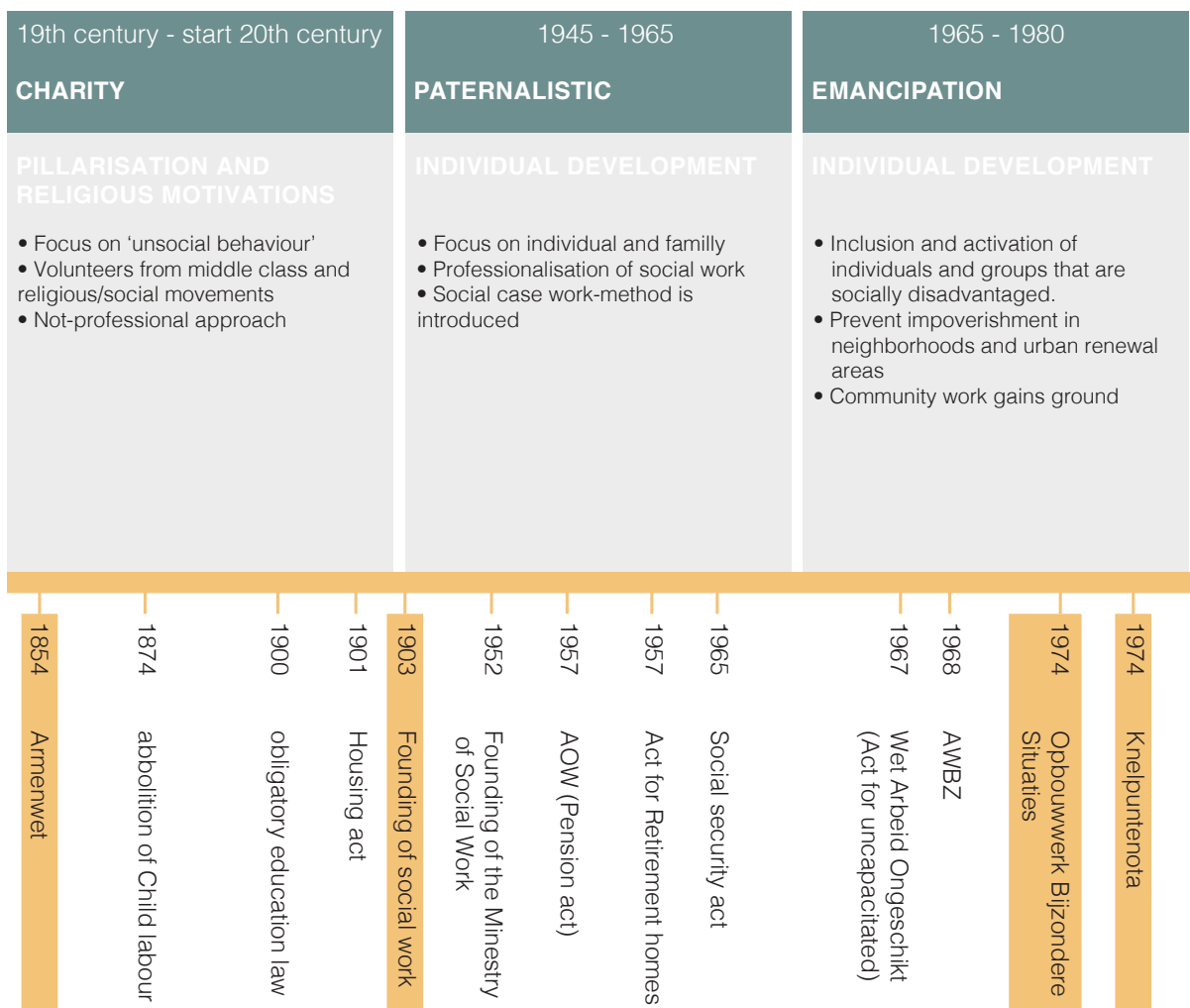
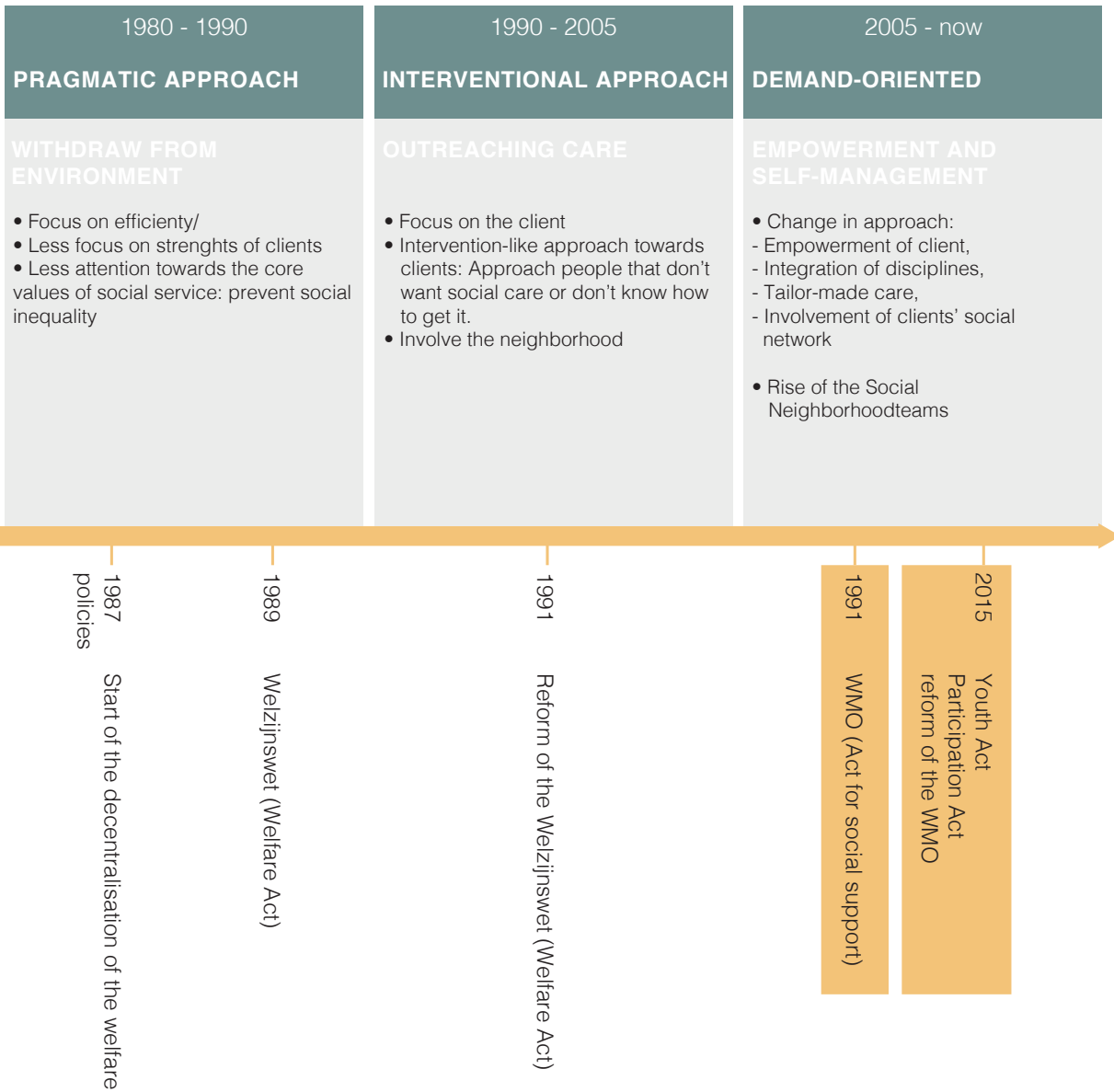a   Querido, A. dr. (1960). Gasthuizen Godshuizen en gasthuizen. Querido, Amsterdam, I960, p.10
a   Guenter B. Risse,(1999). Mending Bodies, Saving Souls. Oxford University Press, Oxford, p. 82
a   Querido, A. dr. (1960). Gasthuizen Godshuizen en gasthuizen. Querido, Amsterdam, I960, p.12

Theo Heemskerk, founder of the Armenwet in 1845

19th century - start 20th century	1945 - 1965	1965 - 1980
CHARITY	**PATERNALISTIC**	**EMANCIPATION**
PILLARISATION AND RELIGIOUS MOTIVATIONS	INDIVIDUAL DEVELOPMENT	INDIVIDUAL DEVELOPMENT
• Focus on 'unsocial behaviour' • Volunteers from middle class and religious/social movements • Not-professional approach	• Focus on individual and familly • Professionalisation of social work • Social case work-method is introduced	• Inclusion and activation of individuals and groups that are socially disadvantaged. • Prevent impoverishment in neighborhoods and urban renewal areas • Community work gains ground

- 1854 — Armenwet
- 1874 — abbolition of Child labour
- 1900 — obligatory education law
- 1901 — Housing act
- 1903 — Founding of social work
- 1952 — Founding of the Minestry of Social Work
- 1957 — AOW (Pension act)
- 1957 — Act for Retirement homes
- 1965 — Social security act
- 1967 — Wet Arbeid Ongeschikt (Act for uncapacitated)
- 1968 — AWBZ
- 1974 — Opbouwwerk Bijzondere Situaties
- 1974 — Knelpuntenota

Based on the data of the publication 'Leren van het verleden' (2016), Movisie

1980 - 1990	1990 - 2005	2005 - now
PRAGMATIC APPROACH	**INTERVENTIONAL APPROACH**	**DEMAND-ORIENTED**
WITHDRAW FROM ENVIRONMENT	OUTREACHING CARE	EMPOWERMENT AND SELF-MANAGEMENT

1980 - 1990

PRAGMATIC APPROACH

WITHDRAW FROM
ENVIRONMENT

• Focus on efficienty/
• Less focus on strenghts of clients
• Less attention towards the core
values of social service: prevent social
inequality

1990 - 2005

INTERVENTIONAL APPROACH

OUTREACHING CARE

• Focus on the client
• Intervention-like approach towards
clients: Approach people that don't
want social care or don't know how
to get it.
• Involve the neighborhood

2005 - now

DEMAND-ORIENTED

EMPOWERMENT AND
SELF-MANAGEMENT

• Change in approach:
- Empowerment of client,
- Integration of disciplines,
- Tailor-made care,
- Involvement of clients' social
  network

• Rise of the Social
  Neighborhoodteams

1987
policies

Start of the decentralisation of the welfare

1989

Welzijnswet (Welfare Act)

1991

Reform of the Welzijnswet (Welfare Act)

1991

WMO (Act for social support)

2015

Youth Act
Participation Act
reform of the WMO

A STORY FROM THE PAST:
'ANTI-SOCIAL VILLAGES IN AMSTERDAM'

Due to several reasons, the population of the Netherlands increased during the 19th century. Mostly because of the industrialization in agriculture, fewer agricultural workers where needed and moved to the city to find jobs. This phenomenon putted the housing market under a lot of stress and caused housing scarcity in the innercity. Housing prices increased and the lower working class weren't able to afford a suitable space in the city, with the result that they ended up in slums and alleys. The first steps towards a better housing situation for the lower class was set around 1854, when the report of the Royal Institute of Engineers was published. In this report they describe the minimal requirements for worker houses. In that time, they still didn't considered the housing situation as an government task, so it lasted untill 1901 till the government accepted an act that should solve the housing problem. This act, the 'Woningwet' and the 'Gezondheidswet' (Health act) had enormeous influence on the housing situation in cities.

As a result of the implementation of these acts, the new builded houses need to have a certain standard, but at other hand the government was now allowed to declare a house uninhabbitable and expell the residents. Most of these former slumm residents where placed in new houses, but for a small group there was no place in those new areas. This group consisted out of people that didn't payed their rent, dilapidated their house and causing trouble among neighbours. This group was called 'onfatsoenlijk' (indecent), in contrast to the group 'fatsoenlijken' (decent) who where allocated apropriate housing by the government.

The cities in Holland already had a system of temporary shelter places where homeless and poor citizens could reside, like the 'Hulp voor onbehuisden' (Help for homeless) in Amsterdam and the organisation 'Leger des Heils', which where operating in various cities. In case of housing for the 'undecent citizens', the cities needed a more permanent solution. In The Hague, the municipality considered themself responsible for the provision of suitable housing for this group, which resulted in a new type of housing, called 'opvoedingshuizen' (educational homes) or 'woonschool' (Housing School). The municipality built a complex of 'controle-woningen' (Controlled Dwellings), a housing complex where they tried to learn people to fit in society by a rigid supervision system. A simmilar example can be found in Amsterdam during this period. In 1925, the municipality build a housing complex of 56 dwellings at the eastern side of the city center, called 'Zeeburgerdorp'.

Zeeburgerdorp
From 1918 on, the groups of 'undecent people' could find a place at Zeeburg. In the first face of this experiment they lived in wooden barracks, from 1926 the municipality provided them with a 'woonschool' (educational homes). The 'woonschool' can be seen as a social-pedagogical experiment where these 'undecent' famillies had to learn how to live their lifes.

The 'woonschool' not only provided housing for a rent that was far less then the famillies should pay for a regular dwelling, they also faced a strict supervision of social workers and 'woningopzichteressen' (housing supervisors). The aim of this social project was to reduce non-payment, abuse, nuisance and dilapidation of the dwellings. In 1933, Arie Querido did a study towards the inhabitants of the 'woonschool' and published the outcome in a report called '*Het Zeeburgerdorp. Een sociaal-psychiatrische studie*'. This research gives a usefull inside look into the families that lived in this housing experiment and the circumstances in which they lived.

As said, the aim of this housing experiment was to reduce undesirable behaviour under Amsterdam families. Querido quotes in his study the municipality's position in this matter:

"Hierin zulIen gehuisvest worden gezinnen, welke blijk hebben gegeven niet geschikt te zijn voor een behoorlijke bewoning, doch waarbij de kans bestaat, dat door nauwkeurig toezicht en bijstand met raad door een woningopzichteres de leefwijze dermate gunstig is te beinvloeden, dat zij na een tijdelijk verblijf in de reclasseeringsinrichting wederom in gewone bouwblokken kunnen worden toegelaten. Wij meenen, dat in den regel na een verblijf van zes maanden wel zal blijken, of het gezin voor reclasseering vatbaar is, dan wel zel£s voor bewoning van de inrichting voor ontoelaatbare gezinnen ongeschikt moet word en geacht".

We can conclude from this quote that the famillies initially where supposed to stay temporarily in the 'woonschool' and eventually

Based on the text: Querido, A. (1933), *Het Zeeburgerdorp, een sociaal-psychiatrische studie.* Leiden/Amsterdam: H.E. Stenfert Kroese's uitgevers N.V.

figure: A picture of a family living in Zeeburgerdorp
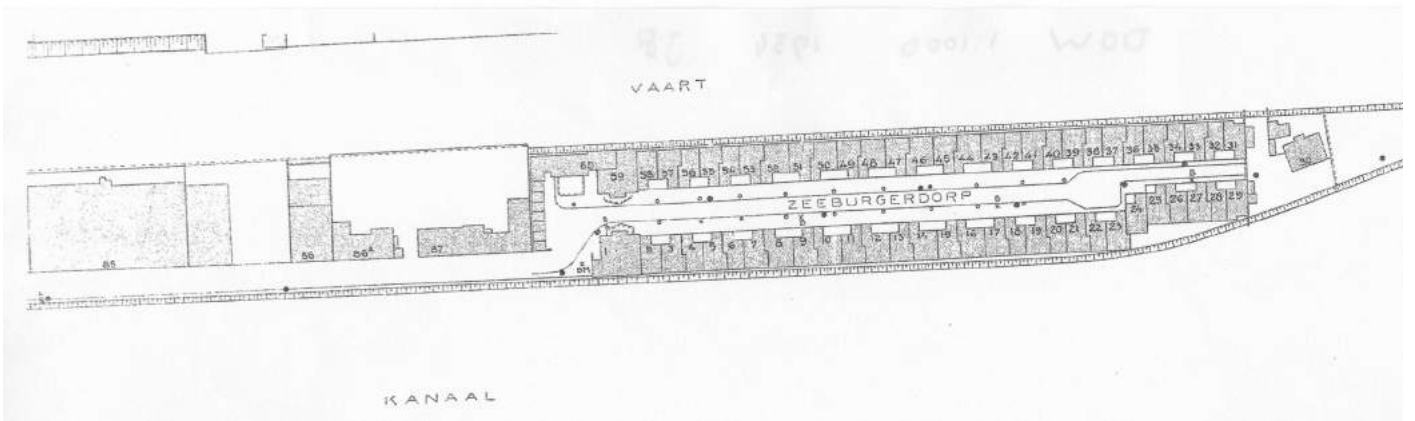
figure: Map of Zeeburgerdorp

, if they proved that they where able, return to a regular house. They presumed that they could determine within six months if a famillie could be resocialized or not. From the study of Querido, we can't conclude what the consequences where, if the famillies proved that they weren't able to be re-educated and remain 'undescent'. Practice, however, showed that many families were not able to adapt to the standard and therefore were forced to live in Zeeburgerdorp.

Inhabitants of Zeeburgerdorp
Particulary, Zeeburgerdorp was meant for people that were undesirable to allocate them in a regular municipal housing complex, from the perspective of the municipality. These people had a history of non-payment, nuisance or dilapidation. Also the people from whom the houses were decleared unhabitable, were placed in Zeeburgerdorp. Some of the famillies were placed on request of the 'Kinderpolitie' (Youth Police) or 'Geneeskundige Dienst' (Medical Services) as a way to have control. Only a few of the famillies requested for a place voluntarily.

Description of the complex
The complex of Zeeburger dorp was situated at the eastern side of the city center, on a small strip of land, inbetween two canals, nowadays known as Zeeburgerpad. The complex measured a 180 meter long, dead-ended street surrounded on both sides by a row of houses. The street was ten metres wide and the adjecent buildings two stories high, approximately 5-6 meters. The complex contained 56 dwellings, which where constructed in concrete. Every unit consisted out of a livingroom of 4 by 4 meters, a toilet and a kitchen. Of the 56 dwellings, 12 contained four bedrooms, 25 dwellings with three bedrooms, 16 dwellings with two bedrooms and three dwellings with one bedroom.

The street could be entered trough the gate, which was at the beginnen of the street and marked the entrance of the complex. Next to the gate, the offices of the supervisiors were situated. Although the complex wasn't closed, by putting a gate at the entrance and design the complex as a dead-end street, it was clear that this wasn't a normal housing complex. Next to the supervisors' office were facillity buildings, like the bathing-house, laundry room and 'clublokalen' (community spaces). These community spaces were used as rooms for daycare, communal activities and the celebration of holidays. In front of these facilities, there

VOOR DE POORT WAS EEN VOETBALVELDJE.

DE CONCIERGE HAD DE BAL.

HIER WOONDE JONAS GROENTEMAN   CLUBLOKAAL

HET BADHUIS OPENDE IN 1929 – GEBRUIK VERPLICHT.

HET KANTOOR VAN DE OPZICHTERES

DE WONING VAN CONCIERGE VAREN HORST

HET "EERSTE STRAATJE" (VANAF 1932 BLAUWE DISTELWEG) WAS HET TONEEL VAN VEEL RUZIE.

HET WASHUIS GING IN 1929 OPEN. HET FEESTJE WAS OMSTREDEN.

DE FAMILIE WRIEDE WOONDE OP NR.127

OPA KRUIMEL WOONDE ELF JAAR OP NR.81, MET ZIJN JOPIE, DIE DE KAARTEN LEGDE.

MOZES VISKOPER BEGON HIER, IN 1929. HIJ VERHUISDE NOG TWEE KEER IN ASTERDORP

OP 98 WOONDE DE GEREFORMEERDE MEVROUW VAN DER HOEK TWEE JAAR. VOORAL OP ZONDAGEN HAD ZIJ HET ZWAAR.

A S T E R W E G

STAD

HIER KWAM EEN TWEEDE POORT. SCHEELDE VEEL OMLOPEN.

OP 91 BEZOCHTEN ZWITSERSE POLITICI HET MODELGEZIN JANSEN.

OP NR.95 WOONDE DE WEDUWE OLIVIER MET HAAR ACHT KINDEREN.

DE ZANDBAK WAS 'VAN DE KATHOLIEKEN'.

DE OUDE MEVROUW THOMAS KWAM TEGENOVER HAAR DOMINANTE SCHOONZOON TE WONEN.

GONNIE LAMBERS WOONDE OP 38. "RANONKELKADE 38", ZEI ZE OP SCHOOL.

DE ROOVER (114) VOND VEEL NAVOLGING MET EEN SCHOT DAT DE KEUKEN NETJES VAN DE WOONKAMER SCHEIDDE. HET MOCHT NIET.

HALBERSTADT VAN NR.58 WERD IN 1938 NA TWEE JAAR ONTRUIMD, WEGENS OVERLAST.

TEGENOVER SERVAIS OP NR.43 WAS "HET HOEKJE MET DE JODEN". GEPRAAT DAAROVER VOND HIJ "MIDDELEEUWS".

HIER VERSCHENEN IN 1931 DRIE BOOMPJES –   HET EERSTE GROEN.

VAART

ZEEBURGERDORP

KANAAL

figure: Map of Zeeburgerdorp

RECENT CHANGES IN THE SOCIAL/HEALTH CARE

The social/health care system is in transition. Where first the national government had a large responsibility, with the implementation of the new 'WMO' (Wet maatschappelijke ondersteuning) in 2015, more responsibility was directed towards local municipalities. This changing approach can be seen as a result of maneuver to reduce the cost of the healthcare system, but also as a result of a wish of the government to a more participating society as stated in the 'Troonrede' in 2013. The financial crisis of the last decade caused a window of opportunity to reform the system and implement this approach. The aim of this change in the organisation of the care system is to make the system future proof, in terms of costs. The change also responds to the wish of people to receive care, if needed, as much as possible in their own environment. (Den Draak, 2016, p. 21)

Extramuralisation
An important part of this new approach is extramuralisation. This means that less people will receive care in an insitution. This applies to as well (mental)healthcare institutions as social care institutions. As a result, more and more people that need any form of care need to live independently and have to rely on their own social network and ambulant care that can be provided by the municipality.

Responsibilities
The former AWBZ (General Act for Healthcare costs) has been divided over the newly implemented WLZ (Act Long-term care), WMO (Act Social Support) and the ZVW (Health Insurance Act). With this reform, the government transfered a lot of responsibilities of the health- and social care system towards local municipalities and the health insurance companies.

The government is still responsible for the WLZ, which serves people with a severe demand for healthcare. In this act, the care for people with severe disabilities, mental or physical, is assured. People with for example dementia or with a incurable psychological disease can apeal to this act to receive the care they need. Requests for care can be applied to an independent organisation called CIZ, who determines which care should be provided and in which form. They judge if a patient is sick enough to be placed in a intramural care institution or that they could live independently with ambulant support.

The responsibility for the ZVW has moved towards health insurance companies. They are responsible for the provision of medical care, medicines, nursing at home or other forms of medical supplies. These forms of care are assured by the mandatory health insurance every civilian should have.

The responsibility for social care is assured in the WMO. In this act, the provision of protected living programs, social reintegration, social support at home and crisis shelters are arranged. The idea behind this shift in responsibilities is that the local government is more aware of the social structure and situation in their cities and is more connected to their own people then the government.

With this reformed WMO, municipalities are forced to provide social support that is focussed on the increasement of self-reliancy and participation. This includes support in and around the home, transport facilities, assistance in daily life activities, daytime activities, but also all kinds of social neighbourhood initiatives to meet other people. (Draak, 2016, p. 21)

Consequences of extramuralisation
There have been several reports about the experiences of vulnerable people that have been in an intramural facility that moved to an independent living form. The research show that teh majority experience advantages. The attendees state that they are challenged to their social skills, they are more involved in public activities and have more social contact. Besides that they experience more control in their personal choises and are more satisfied about the quality of life.
On they other hand their are also some disadvantages. Because of the development of society in terms of complexity it can become difficult for people that have been in an intramural institution to keep up with daily life (Draak et al, 2016, p. 74-78). This emphasizes the need for a good and well-balanced support program for these groups. Municipality and the rest of society needs to accept and realize that these people having trouble keeping up. Therefore it is necesarry to provide enough tools, public spaces, amenities, social programs to enable vulnerable people to participate in our contemporary society. What kind of tools, programs and amenities will be described in the chapter 'Participation' further on this reearch.

Ondersteuning Wmo 2015

1. Burger meldt zich

?

Ik heb een beperking en thuis lukt het niet meer zonder ondersteuning

Gezinsverband? Familie of kennis?

Algemene voorziening? Eigen kracht?

2. Gesprek met gemeente

- Met cliëntondersteuning/ mantelzorger
- Cliënt heeft recht op onderzoek
- Zorg in natura
- Voorlichting over mogelijkheden PGB
- Alle leefgebieden (schulden, werk en inkomen, en Jeugdzorg)
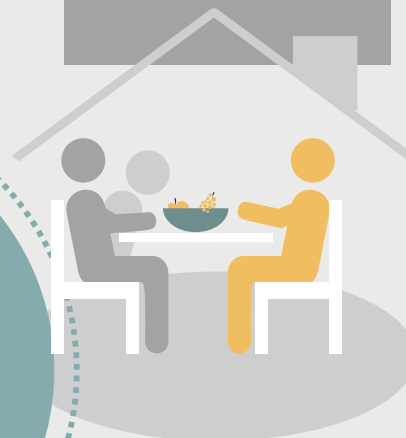
6 WEKEN

2 WEKEN

Verslag

4. Passende ondersteuning

Gemeente neemt een besluit. Cliënt kan hier eventueel bezwaar op maken en eventueel beroep doen op de rechter.

3. Aanvraag

Maatwerk voorziening

Bijvoorbeeld een traplift

NEIGHBOURHOOD APPROACH

With the decentralisation and extramuralisation of the social care system, the municipalities have to find, in collabaration with social organisations and care providers, a suitable approach towards the social stability in their cities. A common approach is the neighbourhood orientated approach. This means that in every neighbourhood coallitions between social care organisations, care providers and other social institutions have been made and try to stimulate participation and try to enable people with a demand for care or support to live independently as long as possible. This approach is based on the idea that in a neigbourhood any form of basic (social) care is present and that the social network of people is mainly based in their near environment.

With this approach, the municipality and social care organisations try to stimulate the self-reliancy of people with a demand for care or support by being more accessible and visible in the near environment of the people with a care demand.

INTRAMURAL SPECIALIZED CARE NETWORK

AMBULANT NETWORK

SOCIAL NETWORK

MEDICAL REHABILITATION CENTRE

Social neighbourhood teams

Social support programs

Friends & Family

PALLIATIVE CARE

General practioner

Informal care givers

Independent living

Neighbours

Daytime activity programs

HOSPITAL

Home nursing support

Home nursing support

NURSING HOME

PSYCOLOGICAL INSTITUTIONS

WLZ

ZVW

WMO

Clients responsibilty

Neighbourhood domain

FORMS OF HOUSING FOR VULNERABLE PEOPLE
In the Dutch socail care system there are various forms of housing for people that need social support. These forms vary from assisted independent living to fully protected living. In this research the following forms of housing are described:

- protected living
- Social care/shelter
- Assisted living
- 'Kamertraining' & 'Fasehuizen'

'Kamertraining' and 'Fasehuizen', are forms of protected/assisted living forms especially for teenagers.

Protected living
A protected living facility is described in the WMO as living in an accommodation of an institution, with supervision and assistence.
This form of housing can be in an institution or in a regular housing complex in the city. A protected living facility consist out of a group dwelling with individual rooms and a shared kitchen and bathroom. In a more light version of a protected living facility the individual rooms can have a private bathroom.

In the report '*Van beschermd wonen naar een beschermd thuis*' protected living facilities can be devided in four different categories:

- Independent living
- Independent living with a rental agreement witg the institution
- Independent group living
- Intramural living in a institution with 10-20 fellow internees

Protected living is intended for people with psychological or psychosocial problems who are unable to maintain themselves in society.. Approximately one third of the residents will live on their own after one to two years, possibly with a light form of social support. A large proportion of people stay in the protective housing for a long time.

The social support in these housing forms depends on the care demand and needs of the residents and varies from 24-hour sup-

port to support on call. Social support includes assistance with running the household, building a social network and support with handling finances. A protective housing form offers no psychological treatment.

Social care/shelter
The core task of social relief/shelter is to provide temporary accommodation to people that are homeless, combined with care and social support. Social shelter places consists of crisis shelter place, night shelter place and day-care. People who are in crisis can temporarily go into crisis shelter to stabilize, usually for a number of weeks or months.

Night shelters are mostly part of social care institutions, which have various of these housing forms in the city. Homeless people come there to stay the night and have a meal and leave the next morning. With this kind of social care, the social care institutions try to catch vulnerable people and offer them support and a more permenant form of housing, like a protected living facility.

Assisted living
Assisted living is the help of a social worker or care institution to be able to live independently. This involves support in dealing with finance, finding work, building social contacts, care, maintaining the home, and so on. Assisted living can take place in various forms and intensity of the social support.

Costs
An important reason for the extramuralisation is the cost reduction that comes with it. A protected living facility costs approximately 55.000 EUR a year, while a independent living program with ambulant support will cost, depending of the demand of the client, 10.000-15.000 EUR.[2]

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1   Advies Commissie Toekomst Beschermd Wonen, 2015, p. 12
2   Rijssenbeek & Jonker-Verkaart, p. 26

Forms of protected/assisted living

(temporary) housing for people that are not capable to live independently. Most likely in combination with (permanent) assistance

24h

by appointment

by appointment

Protected (group)dwelling
+ intesive assistance

(semi) individual + ambulant
assistance

Individual + ambulant
assistance

24h

temporary

by appointment

Shelter house

Independent group
with ambulant
assistance
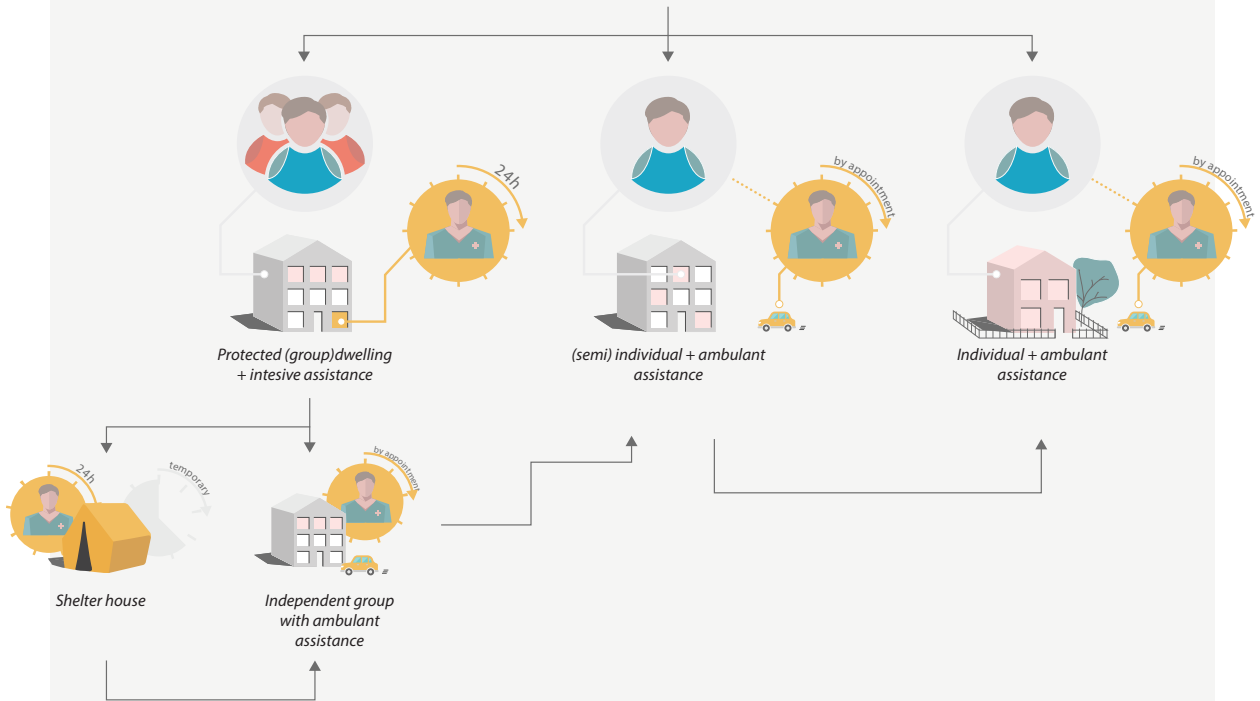
Woonladder vs. Housing First

As far as the classic approach to homelessness is concerned, the continuum model was particularly under attack. The idea of the 'continuum of care' means that homeless people are made ready for living before they can live in a permanent residence. The aim of the social support/care is then to normalizing their lifestyle, through housing training, and tackling underlying problems (such as reducing their debts, the use of narcotics and looking for employment). The supervision takes place in different types of residential care that are arranged as a staircase or ladder, a ladder that rises to an independent living situation.

This model indicates which different steps someone should accomplish between living on the street and living independently, and which target group belongs to which step. The steps on the 'housing ladder' is defined as follows: on the lowest step there is sleeping outside, followed by ground dwelling (housing containers), protected living facility, assisted living (second chance home), rooms with opportunities and finally the living independently. The housing ladder feeds the idea that people who live on the street are not immediately able to live independently. Before achieving the highest step, different steps must be taken first. These different steps describe Ridgway and Zipple (1990) as different test phases: persons must demonstrate that they can live successfully before they are allowed to continue to the next step. If someone climbs higher on the ladder, this also means an improvement of his physical living standards, more freedom and more housing security (Sahlin, 2005, p.117). The person concerned is rewarded, as it were, for his good behavior and for successfully tackling his or her problems. Success means a step upwards, failure means going back down the ladder. The book 'De moeilijke oversteek', also mentiones some other downsides of the housing ladder:

- The need to move from one residential project to another leads to stress and confusion;

- The clients have little choice or freedom, little privacy and control. The care providers decide when and where the clients are placed;

- The acquired skills to function in a structured community environment are not always consistent with the required skills to be able to live independently;

- it can take years before you can finally move to your own place of residence and between the steps many clients disappear.

Although the housing ladder looks logical, it also has many downsides. There are indications that more people will go back on the housing ladder then the ones that will make a step towards independent living. It is a hard to conclude if this is caused by the applied model or the common multiple problems the target groups are facing.

The 'Housing first'-model is a reaction towards this rewarding/punishing-system. In contrast to this approach, the Housing First model has become an alternative since the 1990's. It provides quick access to housing. This model assumes that not all steps must necessarily be entered, especially if someone can live independently. Housing and guidance are separated in the Housing First model: if the resident commits a breach of the lease and loses his / her home, the staff can continue to cooperate with the client. On the other hand, if he or she is admitted to the hospital for a short time, he or she can not be removed from home.[1]

Housing First offers independent housing in combination with intensive social support. Housing First is committed to maximizing the self-reliancy of vulnerable people, reducing and preventing inconvenience to their environment and allowing them to contribute to and participate in society. This prevents housing model prevent them from relying on social provisions.[2]

1   Pannecoucke & De Decker, 2014, p. 3-6
2   Rijssenbeek & Jonker-Verkaart, 2017, p. 26

Independent living

Independent living + support

Assisted Living program

Protected Living program

Occupy a terrain

Sleeping outside

HOUSING FIRST
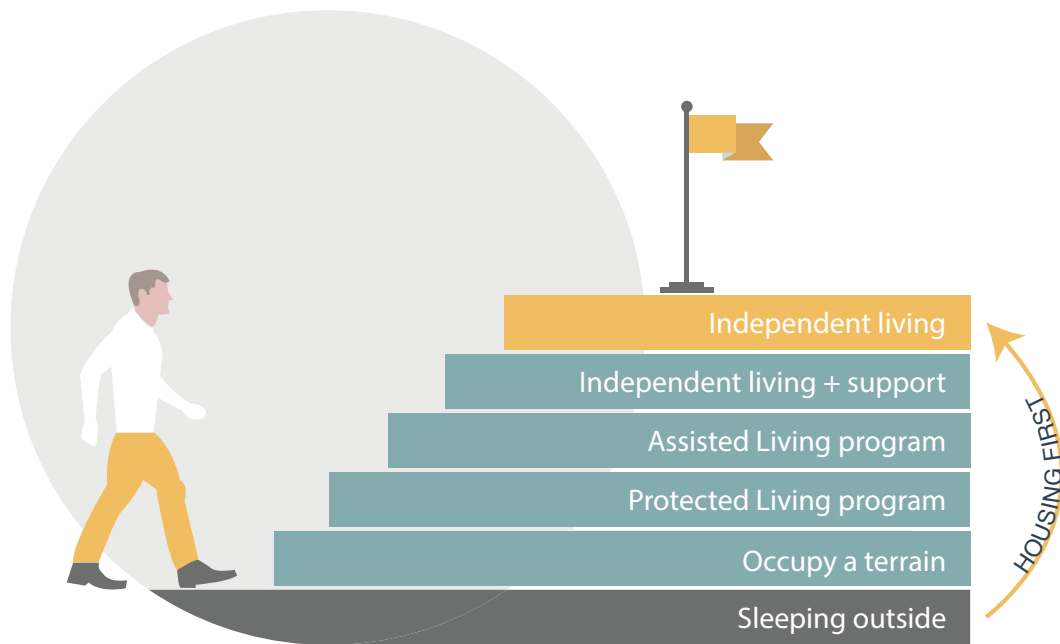
REQUIREMENTS FOR VULNERABLE GROUPS TO LIVE INDEPENDENTLY

With the extramural approach in the reformed (health)care system, the government is building on a tendency that was already there for a couple of years. While in 1980, 63% of the elderly lived in a nursing house, in 2010 this percentage was only 14%. Also for other people with a physical of mental disability the policy was to let them live independently or in a small-scale care amenity in their own neighbourhood instead of transfer them to a intramural facility. This approach is not only applicable on patients with a mild demand for care, but also in case of people with a psychological disorder. Scientific reports show that also these people have a demand for an independent living situation as long as possible. To match these demands of the patients, the GGD (Mental health service) stated that their ambition is to decrease the amount of intramural places with 30%.

But on what ground can be decided if someone is able to live independently or has more benefit of a intramural facility. According to the WLZ, someone has the right to be placed in a intramural facility if their illnes or disorder is severe and permanent. On the other hand there are indicators that show if someone is able to live independently. These indicators are:

The client should be able to:
•   communicate
•   accept support
•   transport himself safely
•   not to be a danger to himself or others

These indicators can be seen as signs of self reliancy. If the client meet these indicators, he/she will be able to live independent in combination with ambulant care and/or support. With thses indicators one could indicate in which way a client is able to follow a daily routine, taking care of there financial administration, use their social skills and do their daily tasks.[1]

To enable vulnerable people to live independetly instead of intramural, the municipality have to provide these groups certain tools and conditions. Den Draak et al, mentioned them in their research about the extramuralisation of the healthcare system. These conditions are for example a good and safe neighbourhood, afforable housing and opportunities to build a vital social network. As a result of the disabilities of vulnerable target groups, their financial situation cause that they end up in the less prosperous neighbourhoods of the city, which doesn't increase their situation. Therefor it is necessary to incorperate social housing companies in the provision of affordable housing.[1]

Next to that the fact dwellings for vulnerable target groups should be affordable, also the size matters. Kooistra et al. states that these people also benefit from small dwellings because of the fact that they are not used to live independently and that they therefore could have trouble maintaining a big appartment or feel uncomfortable in a larger dwelling. A small 1 or 2-room appartment is therefore prefered.[2]

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1   Draak et al, 2016
2   Rijssenbeek & Jonker-Verkaart, 2017, p. 26

Safe neighbourhood

Social network

Affordable housing

Small dwellings

Requirements for indepent living
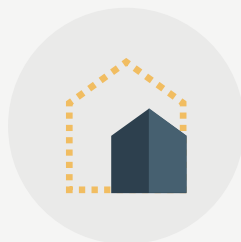
TOWARDS A PARTICIPATORY SOCIETY

In this chapter we will look into our changing society in which, according to the dutch government, also vulnerable people should be able to participate and contribute. We will research the way we can stimulate participation and the rol of architectural social space in this matter.

AMSTERDAM: AN INCLUSIVE CITY

In the municipal coalition agreement of 2014, the ruling parties of the Amsterdam municipality wrote that they want Amsterdam to be a city where anyone could feel at home and could find a home that is afforable. This statement is endorsed by the report 'Programma Kwetsbare Doelgroepen Amsterdam'. In this report, the municipality stated that this is the only way to keep the city of Amsterdam in balance, between regular people and vulnerable people, between poor and rich.

These statements have large implecations on a city. Because this means that the city of Amsterdam should be a city for everyone, an inclusive city and that isn't the case nowadays. Because of the decrease of the social housing stock, the raising housing prices and gentrification of the social domain, Amsterdam is turning into a city of the happy few. These developments putts pressure on the group of vulnerable citizens who aren't able to keep up in society and don't get the change to develop at the same speed.

The report 'Programma Huisvesting Kwetsbare Doelgroepen Amsterdam' is about providing enough housing for vulnerable people. But this is not enough to make the transition towards a inclusive city. To be an inclusive city, the city should be inclusive on more than just the domain of housing.

Inclusion relates to the enclosement, the increasing participation of people in society. There are two ways in which the concept is used. On the one hand, the term 'inclusion' refers to the development of equal participation of disadvantaged populations (women, cultural and ethnic groups, people who suffer from poverty, the elderly) in society. Inclusion in this sense is the result of participation in social domains, such as work, housing and education, income and power, and in social networks.[1]

This description of an inclusive society implicates that there are various domains that should be inclusive to create an inclusive society. Housing is just a part of this, but can't be underestimated. We've seen in the previous chapter about the vulnerable target groups that the absence of proper housing is most of the times a cause or result of the viscious circle of problems of these vulnerable groups.

The other use of the term inclusion refers to the development of a way of meaningful existence in daily life, where there is an increasing participation of each individual, regardless of age, gender, socio-cultural background, ethnicity, possibilities or limitations. This involves the participation of individuals in regular social activities, where each individual can play meaningful roles.

In this view on inclusion, also stated by Bolsenbroek and Van Houten, the other side of an inclusive city is enlighted. The possibility of every individual to participate and contribute to society. If those two defenitions of inclusion are present, a society could function as an inclusive society.[2]

An inclusive city therefore is the urban setting in which an inclusive society could fully flourish. An inclusive city should provide an urban environment in which any individual, regardless her social status, intellectual ability, race, gender etc, is able to find a house, a job, construct a social network and participate in daily life.

This has some implecations for a city on various levels. First, the city should provide enough dwellings for the poor, middle class and rich. There should also be a variety of amenities available for everyone, like shops for rich and poor. Also the infrastructural network is important to connect all social domains with eachother. Any individual should be able to transport his/herself to work, education, shops, leisure, healthcare and all other amenities that are important to take part in daily life.

The inclusive city is a city that is not always fun. Inclusiveness means that people should provide space for other people, events and facilities that they don't like. However, the elite often want an inclusive city in which their own wishes are met. As designers, we must ensure that mixing of people of different social classes takes place in every neighbourhood, so that there is a sufficient public for mixing the programs at street level. Because on the street you meet and see and want to see each other is a condition in keeping and making our cities inclusive.[3]

1   Bolsenbroek & Van Houten, 2010, p.14
2   Bolsenbroek & Van Houten, 2010, p.15
3   Dekker, M., 7 July 2017, De elite in de inclusieve stad, retrieved from Ruimtevolk.nl

PARTICIPATION

The essence of participation is that people contribute and take part in society. When people participate, this has a couple of stimulating effects on the well-being of humans, like self-development, feeling involved and social contact. Participation in multiple, different, close relationships also makes people meet and speak to each other more often, and makes it therefore more easily turn to each other for social support and informal help and care. In this sense, broader meaningful participation is favorable for broadening and deepening the social network and the social support that can possibly be derived.[1]

When we talk about participation we mean active participation with the aim to help others or which contributes to society as a whole. This can be done in various ways:

- work
- education
- (meaningfull) social interaction
- commitment to social environment
- carry out social support
- voluntary work
- active participation in clubs and societies

Ine Vos states that also cultural participation is part of this list of ways to participate in society. Cultural participation has a positive impact on personal development, social cohesion, feeling involved, identity and local image of a neighbourhood.[2]

Participation is something that is fused with our contemporary society and social care system. The social status of our society is most of the time measured by social activity and the level of participation of inhabitants. This states the importance of participation in our contemporary society.

With the implementation of the 'Partcipation Act' in 2015, the government continues on the path towards a society in which responsibilities more and more lies with the citizens, market parties and municipalities, as we've seen with the reform of the health care system.

The aim of the Participation Act is to get more people, even people with a limitation, to work. The municipality has become responsible for people, with any ability to work, who need support. The law provides the municipalities with a number of instruments to ensure that people with an occupational disability can find a place on the labor market. The most important are wage-subsidy and sheltered employment. In addition, agreements have been made about extra jobs.[3] On the next page we will look further into work as a tool for stimulating participation.

1   Gremmen, 2015, p. 6
2   Vos, 2003, p. 9
3   Movisie, *Participatiewet en de WWB maatregelen: een overzicht,* 20 juli 2017
     Retrieved from https://www.movisie.nl/artikel/participatiewet-wwb-maatregelen-overzicht
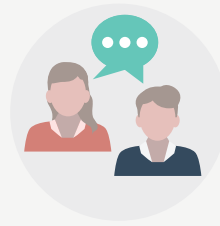
Work

Social interaction

Culture

Effort towards
environment

Education

Social care/work

WORK & EDUCATION

One resource, that according to experts is important for all groups in relation to living independently is (purposeful) daily activity. Daily activity in the form of paid work or sheltered employment, voluntary work or (group) activities, provides a structure to the day and a point to a person's existence. What kind of daily activity is most appropriate depends on the problems and impairments of the person concerned.[1]

In the Netherlands there are various programs that help vulnerable people to participate in the above mentioned processes. An important participation process is work. In 2015 the government implemented the 'Participatiewet', an act to stimulate people that are (partly) able to work find a job at a regular employer instead of a 'sociale werkplaats' (social workshop). Companies can get financial support when they hire, for example, a disabled person. In that way they try to speed up the re-integration process.

Sometimes it is impossible for some people to find a job at a regular company. For these occasions, there are multiple programs to provide work for those people. An example of such a program is a 'leerwerkbedrijf' (learning/work-company). This is a company that is foccused on providing a learning/working environment for people that are not (yet) capable of working in a bussiness environment. In these companies they learn workethic and the skills to do their job. Eventually the goal is to prepare them for a real job.

As part of the new Participation Act, a new form of work provision is introduced by the governement: 'Shelterd work'. Sheltered work is meant for people who, due to their physical, mental or psychological disability, require such a degree of supervision and adaptation of the workplace that it can not be expected of a regular employer hires these people. With the provision of sheltered employment, the municipality can nevertheless let these people work. This group is employed by the municipality. The municipality can also organize this employment with a regular employer who can offer this support and adjustments (with support from a municipality).[2]

Work as social binder in the neighbourhood
Buro Maan did a study towards this topic in their publication 'van Zorg naar Werk' (2016). They developed ways to incorperate workspaces into a building to stimulate the way a building for care can interact with the neighbourhood on different levels. With this tools it is possible for a building or community to contribute to the social capital of a neighbourhood, and in that way give more meaning or value to its presence in the neighbourhood. In case of the provision of workspaces for vulnerable people, the spatial anchoring of their workplace can contribute to a vital social network.[3]

Crucial in the proces of anchoring a social working environment in a neighbourhood is that the place should have a certain value to its surroundings. For example a lawyers office will contribute much less to a neighbourhood then a bike shop or a bakery. The workplace should have to add something to the inhabitants of the neighbourhood in which it is anchored.

According to the study of Buro Maan, the vissibility of production and work contributes to a dynamic atmosphere of a neighbourhood. Connecting the dwellings of people who are part of this working environment increases the awarness of the neighbourhood of the social value of such a place in the neighbourhood.

The positioning of such a building also plays a role in how the building functions as a katalyzer for social activity in the neighbourhood. If such a building is placed along well-used routes in a neighbourhood the vissibility of it's value for the neighbourhood is emphasized more.

Education
As stated, work is an important part of participation. Unfortunately, most of the vulnerable people doesn't have acces to a (paid) job. This can be caused by various reasons, like not having an education or certifcate, not to know how to apply for a job or just not able to take the responsibilities that comes with a job. Therefore, a lot of support programs and educational programs are available for vulnerable people. Stimulating a form of education can therefore be seen as a way to stimulate the participation of vulnerable people.

1   Den Draak et al., 2015, p. 104
2   Movisie, *Participatiewet en de WWB maatregelen: een overzicht*, 20 juli 2017
        Retrieved from https://www.movisie.nl/artikel/participatiewet-wwb-maatregelen-overzicht
3   Buro Maan/Studio Stix/Jetske van Oosten, 2016
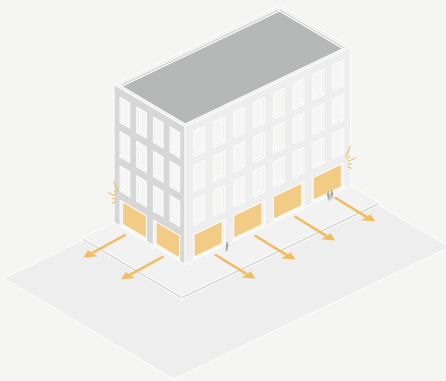
Make production visible to the public space
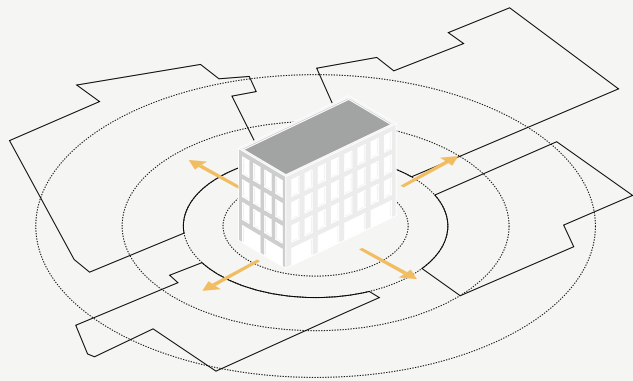
Building as center of and for the neighbourhood
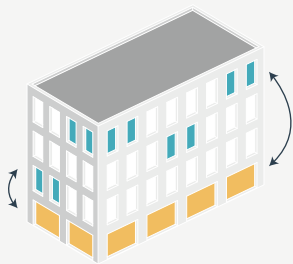
Combine work and dwelling
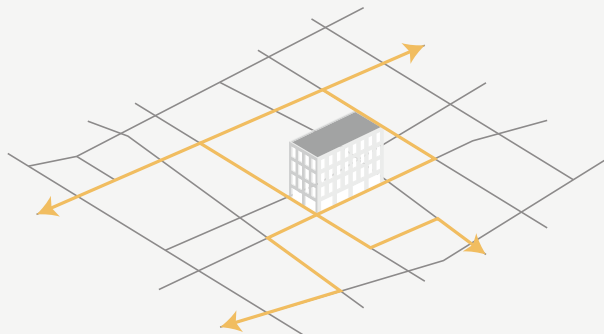
Connect building with existing routes

SOCIAL INTERACTION

Interaction is an important part of participation. A lack of social interaction causes loneliness and emotional troubles. This loneliness can be splitted in two categories: social loneliness and emotional loneliness. The first category implicates the lack of social interaction between people. This indicates the lack of a social network, such as friends, family or people that meet eachother from time to time. Emotional loneliness indicates the lack of intimate relationships between people and can cause intens sadness.[1]

It is hard to say what causes the lack of social interaction, but it seems evident that social interaction has a positive influence of the wellbeing of people or a negative influence when absent. Therefore, stimulating social interaction is an important part of increasing participation in society and can lead to a more social coherent neighbourhood.

Not everyone has the same social skills. The ones that are capable of setting up a network of relationships can receive more support in difficult times than people that lack this abbilty. Those people most of the time rely more on proffesional health/social care then people with a strong social network when people experience difficulties in their personal lives.[2] To stimulate the more vulnerable people to build up a strong network of social relationships it is important to facilitate spaces and activities that contribute to this. By stimulating the amount of social interaction on streets and in buildings, we increase the chance of emerging social relationships between people. Therefor it is important to create an environment that contributes to this aim.
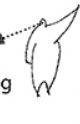
Jan Gehl in his book 'Cities for people', defines different criteria to construct public spaces. He also defines various spatial assumptions to encourage social interaction between people. Both criteria can be used in the design of public space to encourage social interaction and construct a social coherent neighbourhood.[3]

TO INVITE — TO REPEL

No walls — Walls

Short distances — Great distances

Low speed — High speed

On one level — Stacking, several levels

Face-to-face orientation — Back-to-back orientation
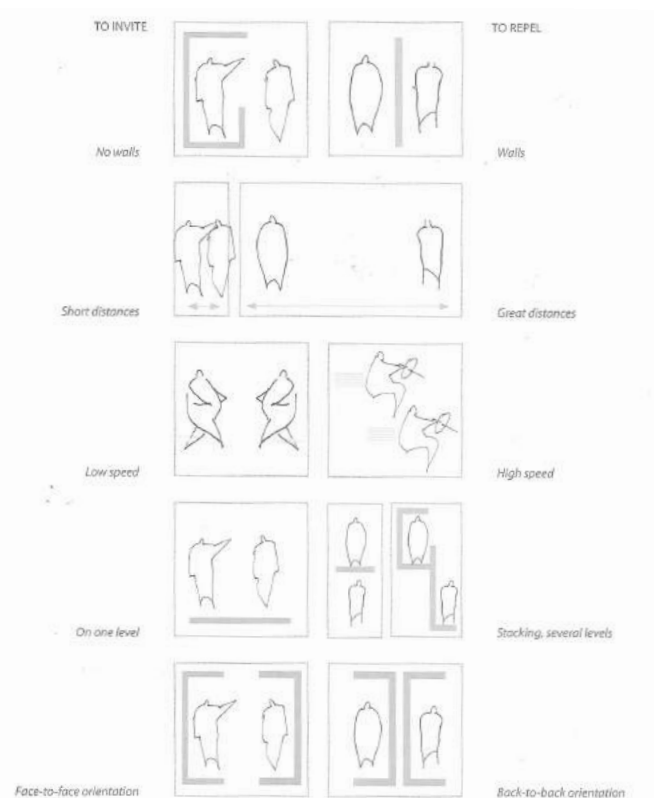
1   GGD Amsterdam, 2016, p. 1
2   Fitskie, 2016, p. 41
3   Gehl, 2010, p. 237-239

Protection

PROTECTION AGAINST TRAFFIC AND ACCIDENTS — FEELING SAFE
- Protection for pedestrians
- Eliminating fear of traffic

PROTECTION AGAINST CRIME AND VIOLENCE — FEELING SECURE
- Lively public realm
- Eyes on the street
- Overlapping functions day and night
- Good lighting

PROTECTION AGAINST UNPLEASANT SENSORY EXPERIENCES
- Wind
- Rain/snow
- Cold/heat
- Pollution
- Dust, noise, glare

Comfort

OPPORTUNITIES TO WALK
- Room for walking
- No obstacles
- Good surfaces
- Accessibility for everyone
- Interesting façades

OPPORTUNITIES TO STAND/STAY
- Edge effect/ attractive zones for standing/staying
- Supports for standing

OPPORTUNITIES TO SIT
- Zones for sitting
- Utilizing advantages: view, sun, people
- Good places to sit
- Benches for resting

OPPORTUNITIES TO SEE
- Reasonable viewing distances
- Unhindered sightlines
- Interesting views
- Lighting (when dark)

OPPORTUNITIES TO TALK AND LISTEN
- Low noise levels
- Street furniture that provides "talkscapes"

OPPORTUNITES FOR PLAY AND EXERCISE
- Invitations for creativity, physical activity, exercise and play
- By day and night
- In summer and winter

Delight

SCALE
- Buildings and spaces designed to human scale

OPPORTUNITIES TO ENJOY THE POSITIVE ASPECTS OF CLIMATE
- Sun/shade
- Heat/coolness
- Breeze

POSITIVE SENSORY EXPERIENCES
- Good design and detailing
- Good materials
- Fine views
- Trees, plants, water

DIVERSITY BETWEEN INHABITANTS

Recent years, various care-housing complexes opened their doors for non-vulnerable target groups to fill up empty dwellings in the complexes. This inspired various organisations to do the same in multiple other ways. Platform 31 did a study on how these projects are functioning and what kind of requirements there are present to mix vulnerable and non-vulnerable people in the same housing complex.

The result of this result is that there is not just one magic mix. In the examined cases, it turned out that mixing of the target groups with (former) students, starters, mental healthcare clients and people in divorce with various other groups is most often applied.. The amount of combinations tested shows that there is no ideal recipe for one mix. Many forms occur, depending on the local context, the location, the building, the size of the project, the remaining housing supply, the cooperation of referring authorities and the support in the neighborhood.

However, some target groups are more difficult to mix. Examples of this are women and men who have fled violence from their partner (Stay-of-my-body-house) and psychiatric patients in a protected living facility. But also people who flow out of the probation service or addiction care. More individual and professional guidance is required for such groups.

In most projects, the parties are constantly looking for a right mix. The research shows that a form of social supervision is advisable. When designing a mixed project, it is important to take into account instruments and preconditions to be able to influence the mix, if necessary.

Social supervision
Complexes where different people from vulnerable groups live, and also mixed together, need a solid management. This conclusion is apparent from all the examples studied.

A precondition for the proper functioning of a 'magic mix' project is a central point where people can go for all sorts of different questions and from which nuisance can be tackled quickly and decisively. In the case of larger complexes, supervision

at the door is also necessary, so that not everyone can simply and always go inside. Management can be carried out by a paid force from the rental organization, possibly supplemented with residents themselves, local residents and/or volunteers. A combination of professional management and other forms seems to work well in different projects and is often more efficient. It is strongly recommended that residents or volunteers do not take over the coordination of the management or assistance tasks of professionals.

Clear house rules are also required. Residents, their neighbors, visitors and the rental organization benefit from this. Violation is followed by a warning and then, if there is no improvement in prospect, removal. Some projects apply a system of yellow and red cards.

Adding value to the neighbourhood
Housing projects for vulnerable target groups regularly causes neighbourhood protests. These objections are absent in case of the mixed complexes that were investigated. In a number of projects, the initial negative reaction reversed when it became clear that it was a combination of vulnerable and non-vulnerable residents. Apparently it makes a lot of difference if a mix of groups is accommodated and extra social management is used.

Something that could also contribute against the stigmatisation of vulnerable target groups is the direct added value that the project can have for the neighborhood. New facilities in the complex that can also be used by residents of the neighborhood, improve the image of local residents. In addition, the neighborhood will be involved in the project and local residents will be able to get used to the concept and the new residents more easily. Nuisance from residents seems to be more tolerated in such neighborhood-oriented projects. Attracting and deploying volunteers from the neighborhood has a similar effect.

It is important to involve the district beforehand in the design of the project. Wishes can be taken away and fear removed. Starting a 'magic mix' project with 'silent drum' is unwise. In the event of a nuisance, it will be extra hard on the sign of the project.[1]

1   Van der Velden et al. (2016), p. 72-75

Buddy Program

In various projects described in the report Magic Mix, the non-vulnerable people furfill a social role in the project. Most of the time, a requirement for living in such a complex is that they have to couple up with a vulnerable person to function as a buddy. In this way, the vulnerable person can value the benefits of a social network and social contact, and is stimulated to further develop this. The idea is that this approach save time for professional social care organisations and is more effective. In some cases the non-vulnerable person can get a refund on his rental price in return for his social effort.

Ratio

The devision between vulnerable and non-vulnerable target groups is in most of the researched projects 1:1 or 1:2. Van Der Velden doesn't include in his report why this ratio is most common, but it looks like it that this ratio is partly economically- and demand-driven.

Possible target groups:
• Starters
• Students
• Expats
• Families
• Elderly

Strong target group

Possible target groups:
• Uitstroom MO/BW
• Zwerfjongeren
• Spookjongeren
• OMPG
• Jeugdzorg gezinnen
• Pleegzorggezinnen
• MO Gezinnen
• Mantelzorgers
• Uittredende Sekswerkers
• Sociaal/Medisch urgenten
• Slachtoffers van huiselijk geweld
• Statushouders

Vulnerable target group

Social Management

Social Management
• Supervisor/attendant
• Voluntary inhabitant commision

SOCIAL SPACES & AMENITIES
One could imagine that a space that is dark and narrow isn't a place where social contact flourish or where new social relationships are constructed. Spaces that stimulate social interaction should therefore are most of the time light, have enough space and attract people. To stimulate participation and social activity of vulnerable people, the build environment should provide enough social spaces that enables them to do so.

Social spaces can be defined as the spatial setting in which social contact, randomly or intented, could take place.[1] These social places are present in different scales and forms. We can determine social spaces on a urban level, but also in individual buildings. Hertzberger pleads for more attention to this kind of spaces, because it is the base of social structures in a city and therefore is essential for social cohesion. Also at building level social space can form a binder between individuals. If we see the building as a city, communal spacesm, as a corridor or gallery, can be compared with urban social spaces, as the street and squares in the city, and can form a spatial setting of interaction and social cohesion.

Social spaces can play a key role in stimulating participation and social interaction among vulnerable people. The public space around the building should function as a social binder, but also the communal spaces in the building, like acces spaces or communal outdoor spaces can play a vital role in the communal sense of a housing complex.

Connecting social spaces on an urban scale with social spaces in a building could strengthen the impact of the purpose of those spaces. When for example a inner courtyard of a building is well spatially connected to the street or other public urban space, it is more likely that inhabitants of the building and citizens on the street will mingle.

1   Hertzberger, 2013, p.19-23
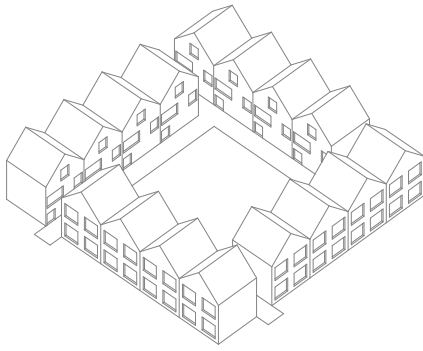
'Hofje'
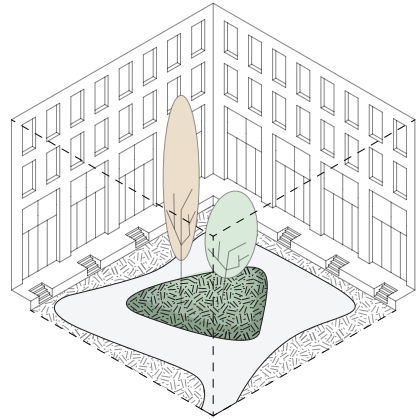
Closed courtyard
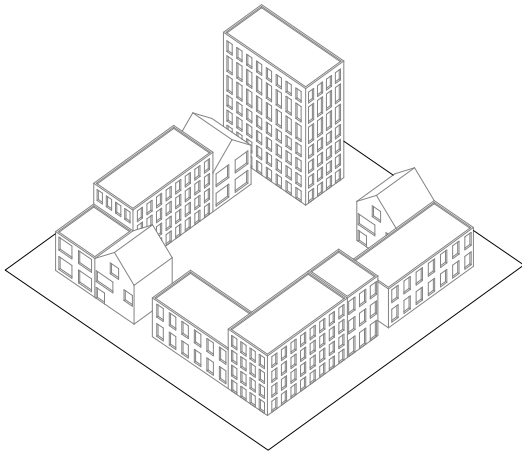
Square
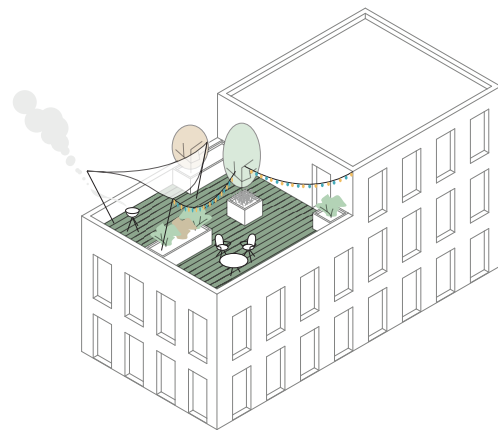
Communal outdoor space
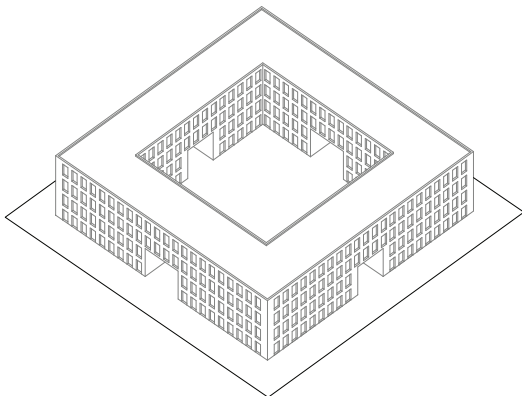
Open courtyard
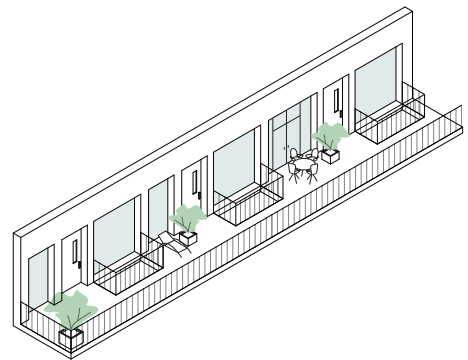
Wide gallery/balcony
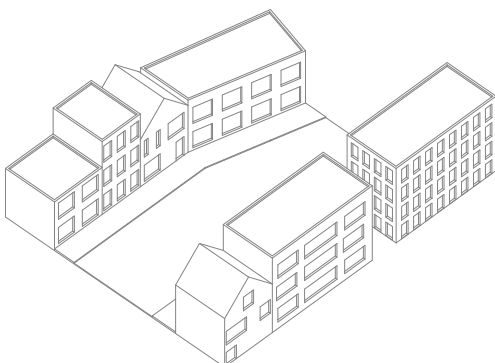
Street
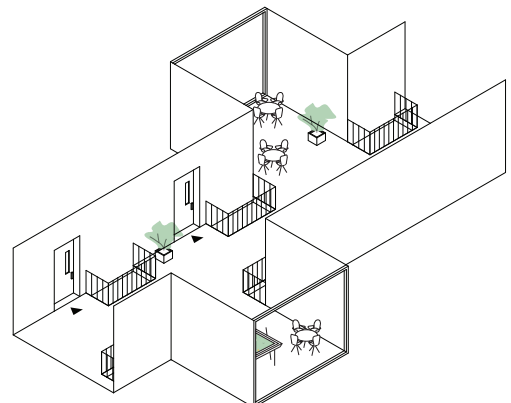
Social corridor

CASE STUDIES

Part of the research towards housing for vulnerable target groups are the existing housing complexes. By looking at relevant case studies, knowledge about how we could provide suitable dwellings for vulnerable people could be retrieved. In these cases studies, we will look into the dwelling types, adjecent social functions and social spaces in the chosen case studies.

Casa Parana, Utrecht

Amount of dwellings:	66
Dwelling types:	30 appartments for former homeless
	24 appartments for regular target group
Other functions:	Neighbourhood restaurant, workshop, bycicle (work)shop, neighbourhood store, office space
Target Groups:	Former homeless people, regular people
Size:	ca. 5.500 m²
Client:	De Tussenvoorziening

Casa Parana is a housing complex for vulnerable people, combined with non-vulnerable people. In this building live 44 former homeless and 24 regular people. The building provides assisted living-dwellings and temporary social care dwellings. The non-vulnerable people contribute to the social care facility by a buddy system, attend with daily activities, furfill the role of receptionist of the complex or help with educational work. The non-vulnerable people in the complex live there on voluntary basis and out of an intrinsic motivation to help the vulnerable people in society.

The dwelling excist out of 1- and 2-room appartments of different sizes. On the groundfloor, various social activities are situated, with a contributive role towards the neighbourhood as well as small workspaces where the vulnerable could develop their working abilities. These functions vary from a laundry service, restaurant, bike shop and workshop. These services provide 40 work/learn-places for the inhabitants of the complex, but also vulnerable people that live elswhere in the neighbourhood could apply for a spot in these functions.

The 1-room appartments for the vulnerable only benefit from the collective outdoor spaces that are placed in the cut out masses in the building. The 2-room appartments for non-vulnerable have a individual outdoor space in the form of a balcony.

ZUIDOOSTGEVEL

B ▷

A ▷

◁ C

achterpad

D

C

B

A

Restaurant
208,8m2

Beganegrond

① ② ③ A▷ ④ ◁C ⑤ ⑥ B▷ ⑦ ⑧ ⑨

ZUIDOOSTGEVEL

B ▷

A ▷

◁ C

achterpad

D

C

B

A

slde
restaurant

1k woning
28m2

1k woning
28m2

2k woning
47m2

2k woning
46m2

1k woning
20m2

2k woning
57m2

1k woning
28m2

1k woning
28m2

2k woning
48m2

3,26

3,10

3,10

3,12

2,23

2,12

2,32

1e verdieping

① ② ③ A▷ ④ ◁C ⑤ ⑥ B▷ ⑦ ⑧ ⑨

ZUIDOOSTGEVEL

NOORDOOSTGEVEL

NOORDWESTGEVEL

2e verdieping

ZUIDOOSTGEVEL

NOORDOOSTGEVEL

NOORDWESTGEVEL

3e verdieping

Accesibility

Functions

🟩	*Buitenruimte*
🟦	*Buurtrestaurant*
🟥	*Shop*
🟥	*Gemeenschappelijke activiteitenruimte*
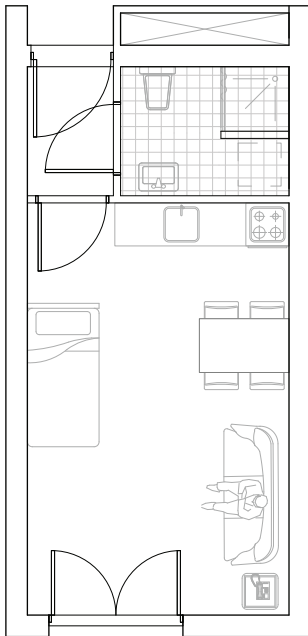
Single room appartment 28 m²
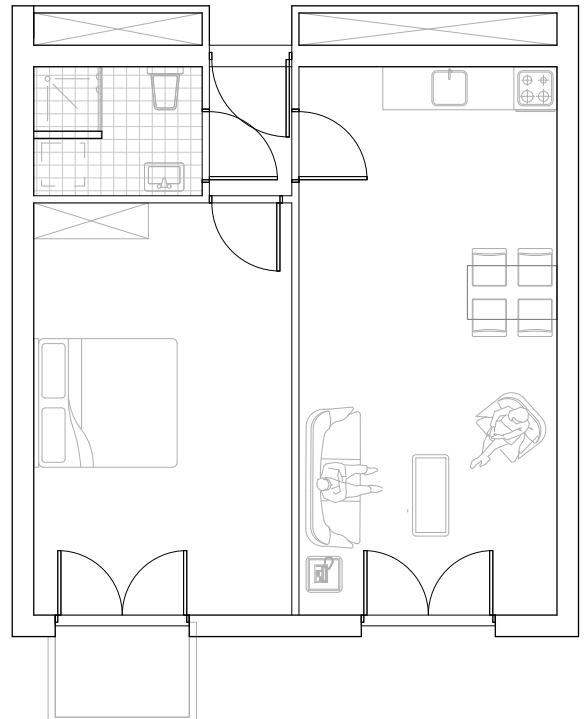
Dubble room appartment 57m²

Dwelling types

Space for activities

Storage

Storage
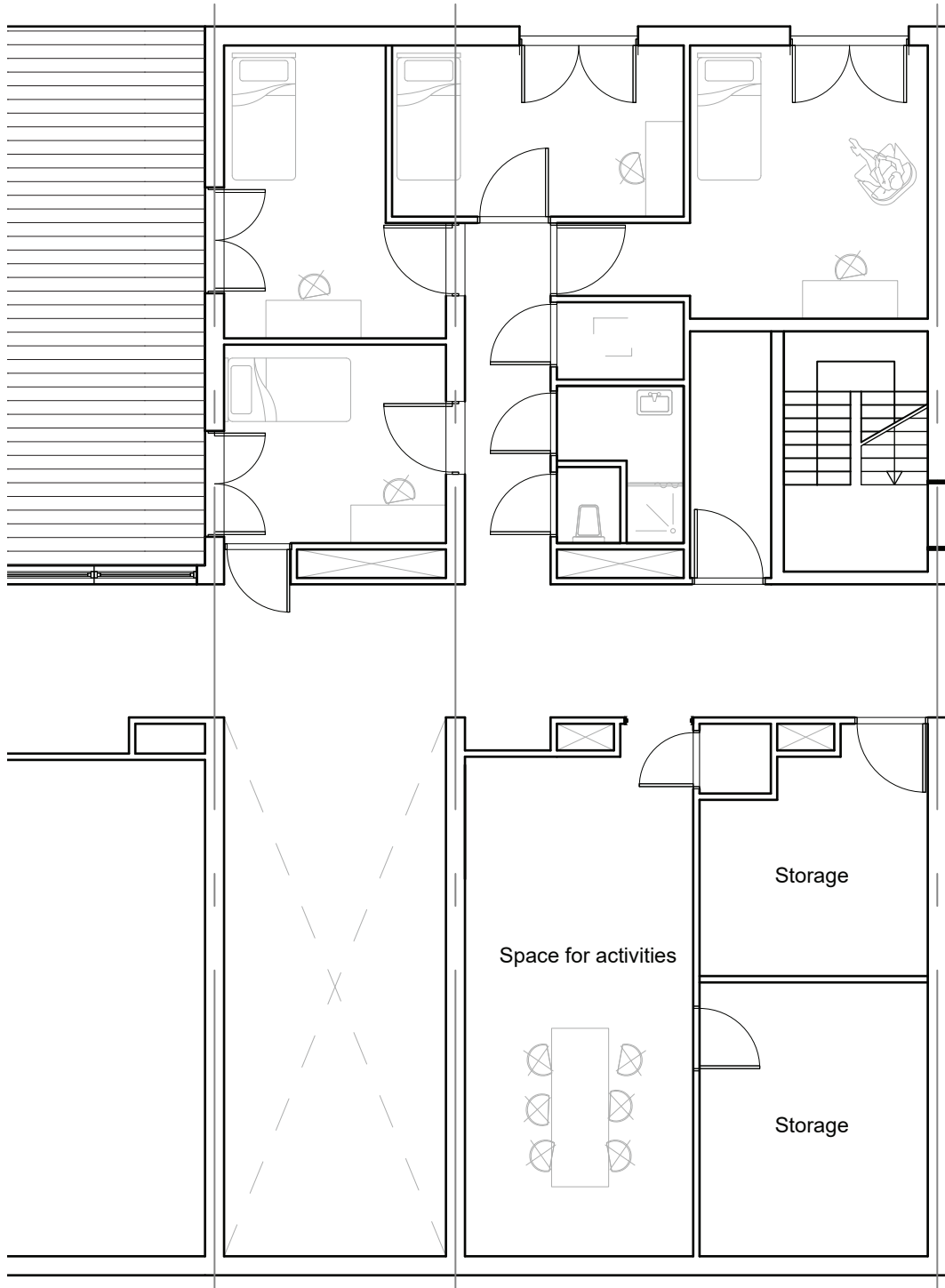
Assisted Living-group dwelling
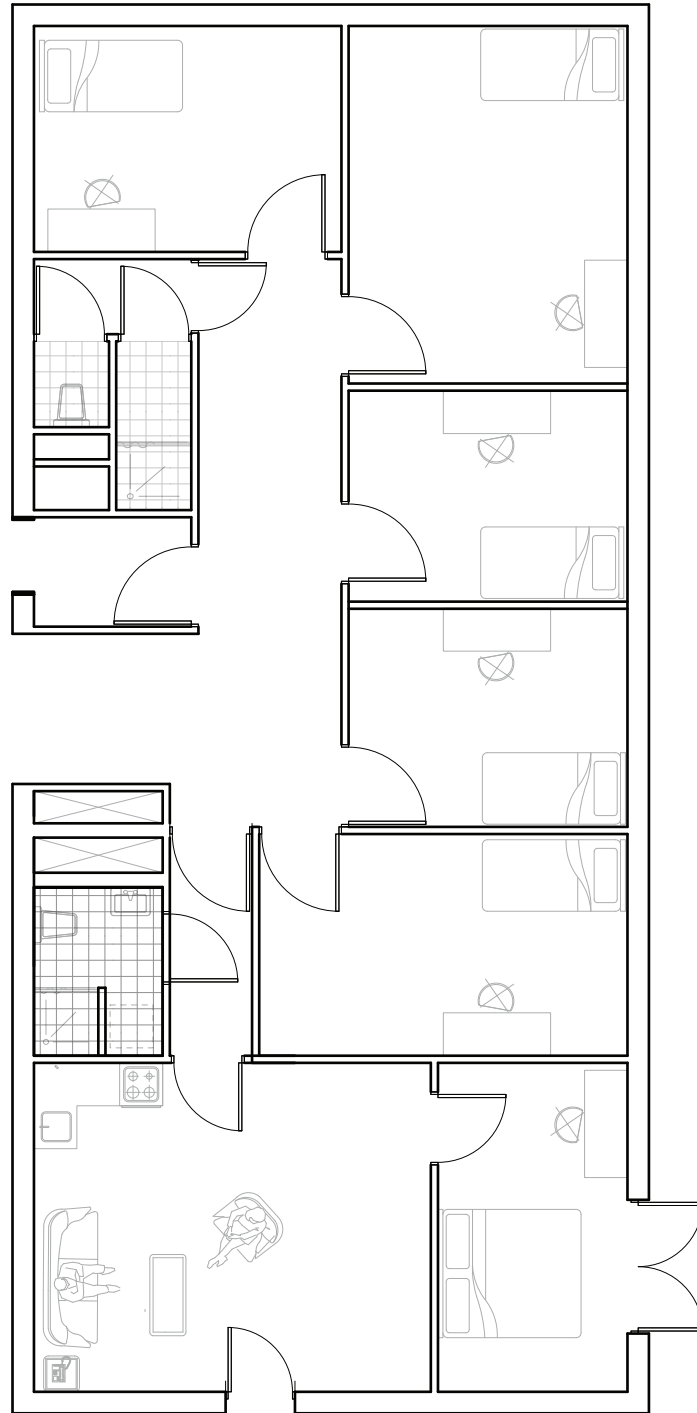
Assisted Living-group dwelling

Kessler Paleis, Den Haag

Amount of dwellings:	90 individual dwellings
Dwelling types:	30 care-dwellings
	25 protected living-dwellings
	25 'doorstroom'-dwellings
	75-100 night shelter-beds in dorms
	10 assisted living dwellings
Other functions:	Night shelter, 'doorstroomwoningen',
	nursing dwellings, protected living
	facilities,
	Laundry service, gym/fysio,
	second-hand shop,
	educational kitchen, restaurant,
	offices
Target Groups:	Homeless, vulnerable people with
	a demand for care, young adults,
	people with a mental disorder.
Size:	7.513 m^2
Architect:	Soeters van Eldonk Architecten
Client:	Kessler Stichting

The Kessler Foundation is an organization that provides assistance to hundreds of homeless people every year. Since 1924, an important part of this aid has been provided from a striking building complex on De la Reyweg. The buildings no longer met the current requirements and views in the field of safety, hygiene and comfort and that is why this new complex could be build.

In the building, homeless people are being challenged and supported to take another step in their residential career. From the homeless existence, various types of housing are offered (night shelters, moving houses, care homes and assisted living) that will help the client on the way back to society.

The building also forfills a social roll in the neighbourhood, by provinding different amenities that can be used by the people of the neighbourhood. The building includes various functions: a restaurant, laundry service and a second-hand shop. All these functions are runned by the inhabitants of the complex and volunteers. The functions are non-commercial and are there to develop the social and labor skills of the inhabitants.

The building consist out of a half-open block. In the garden at the back of the building, some of the protected living facilities have a small garden, where they can sit outside and have a barbeque for example. The organisation also build two little workshops for inhabitants that like to craft wood and build furniture.
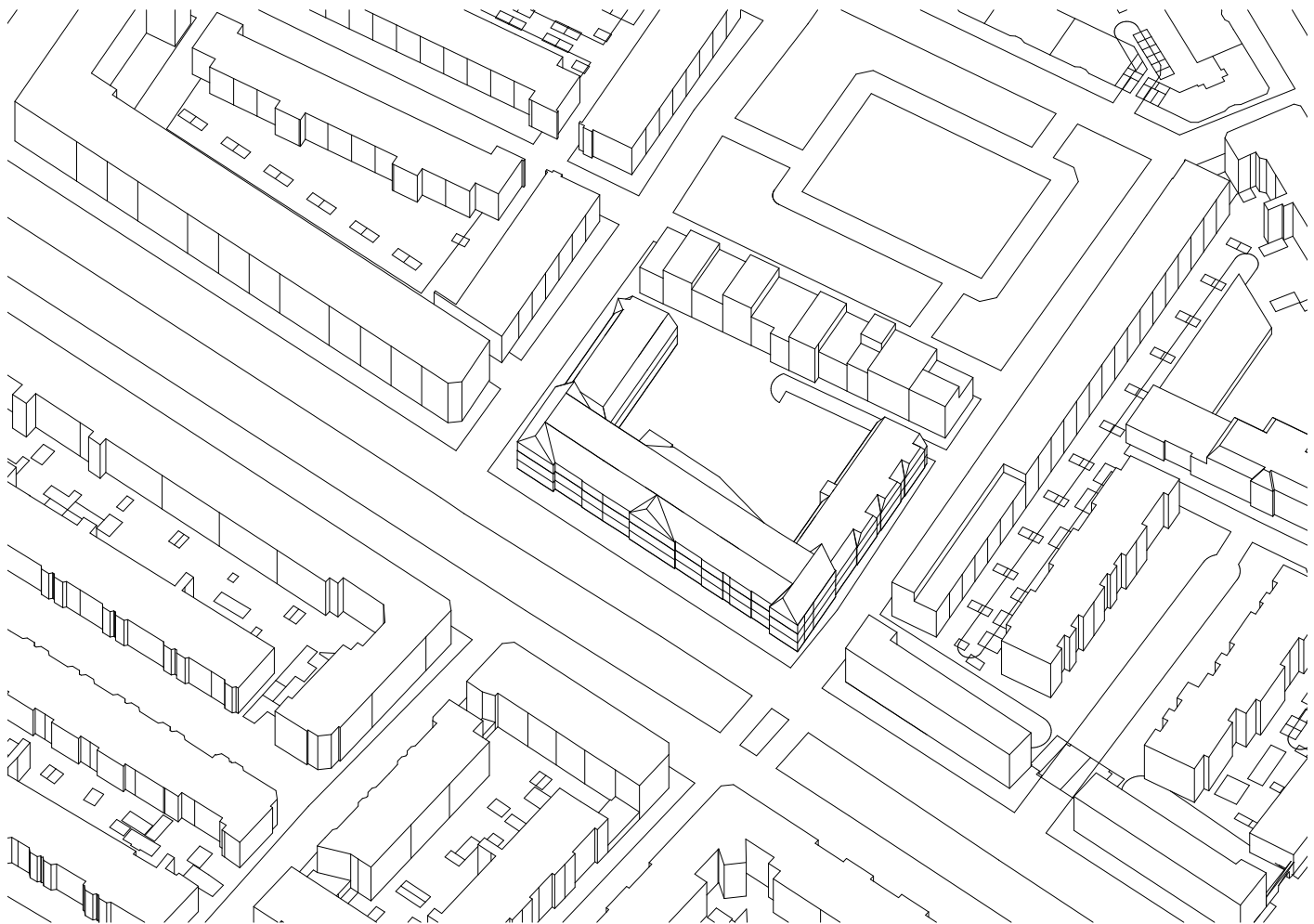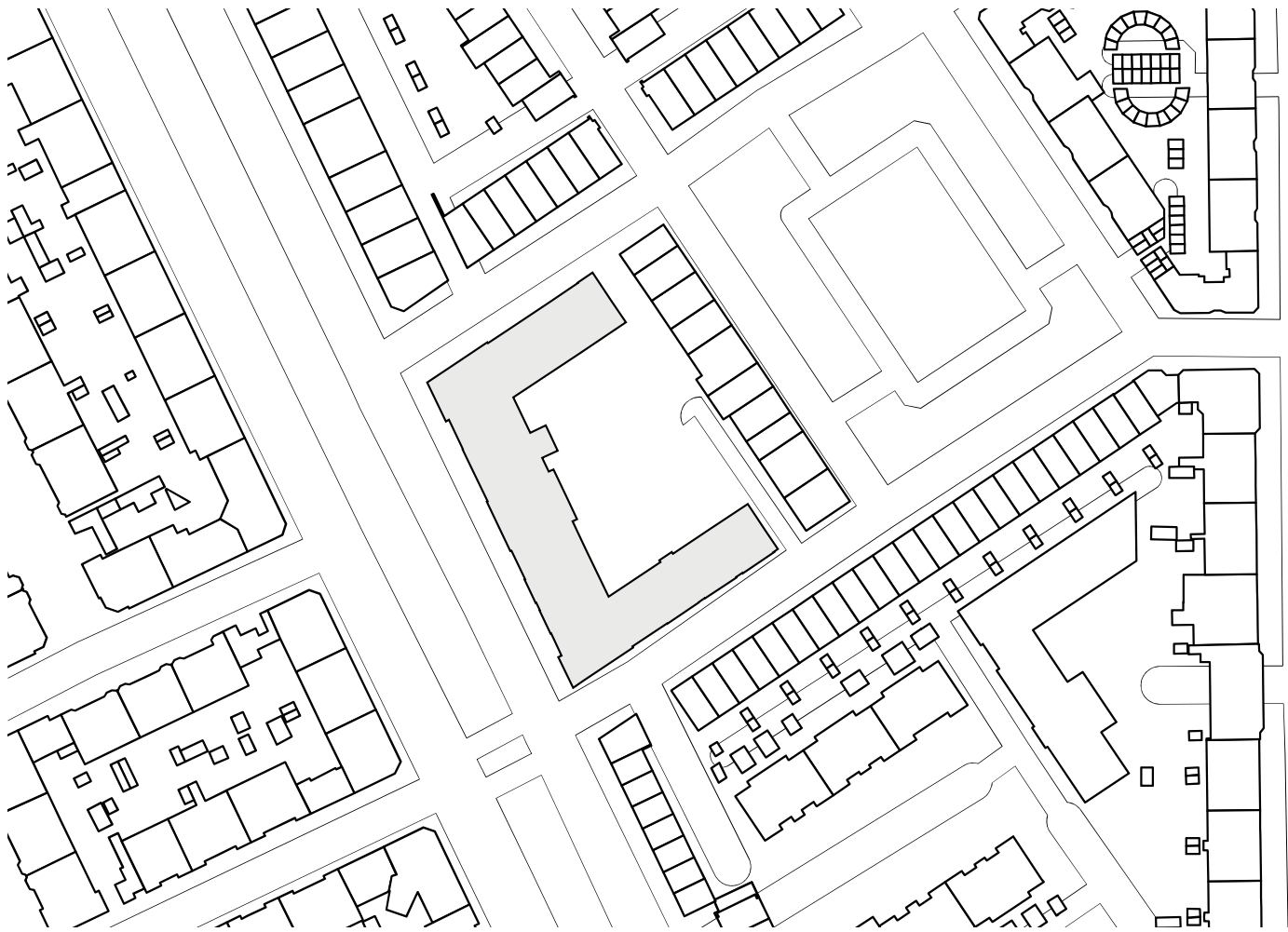
Ground floor
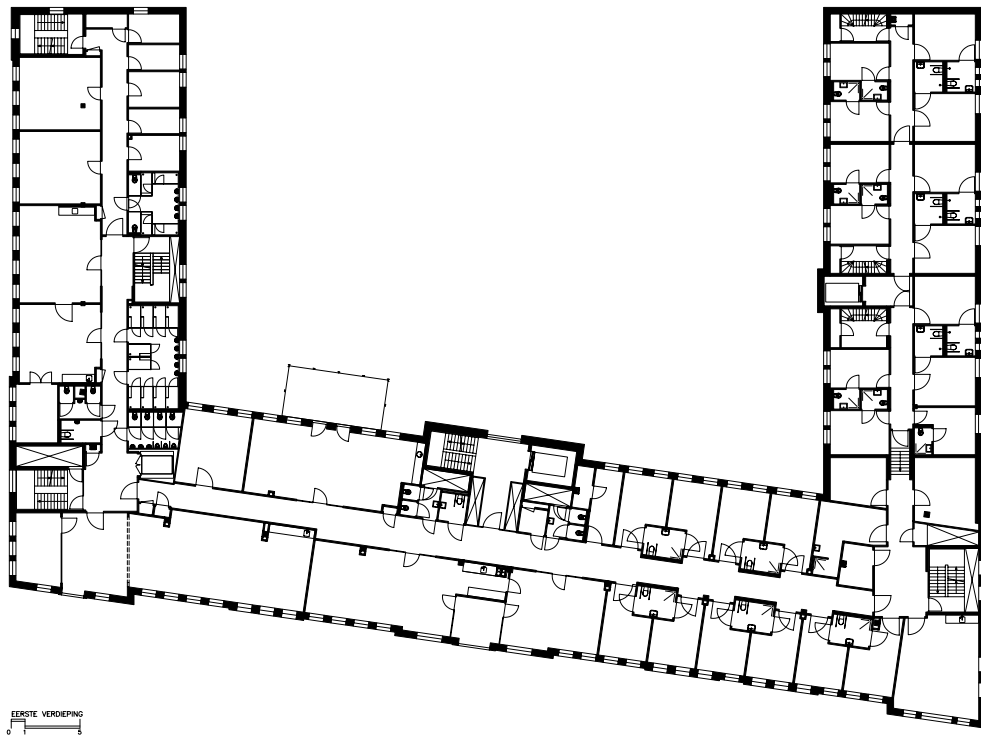
First floor
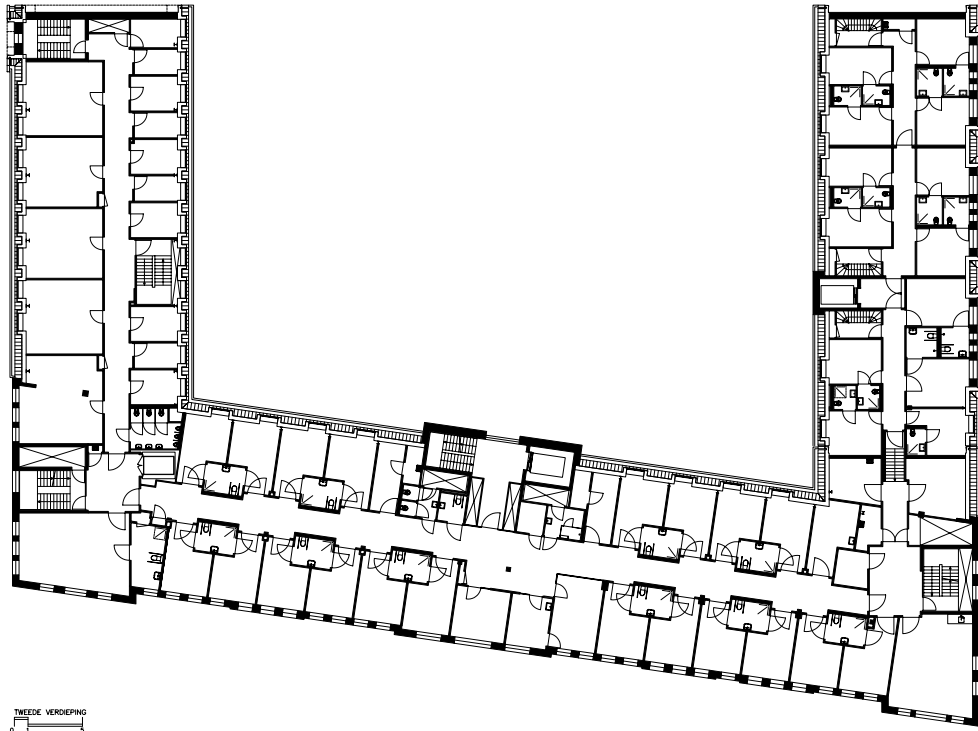
Second floor
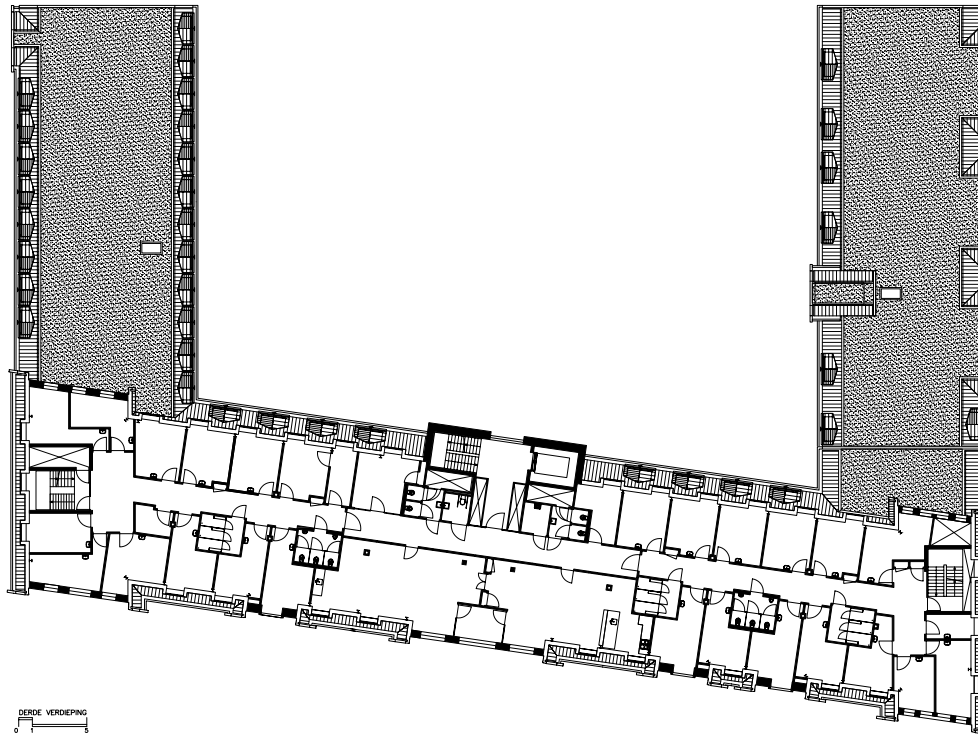
Third Floor

VIERDE VERDIEPING
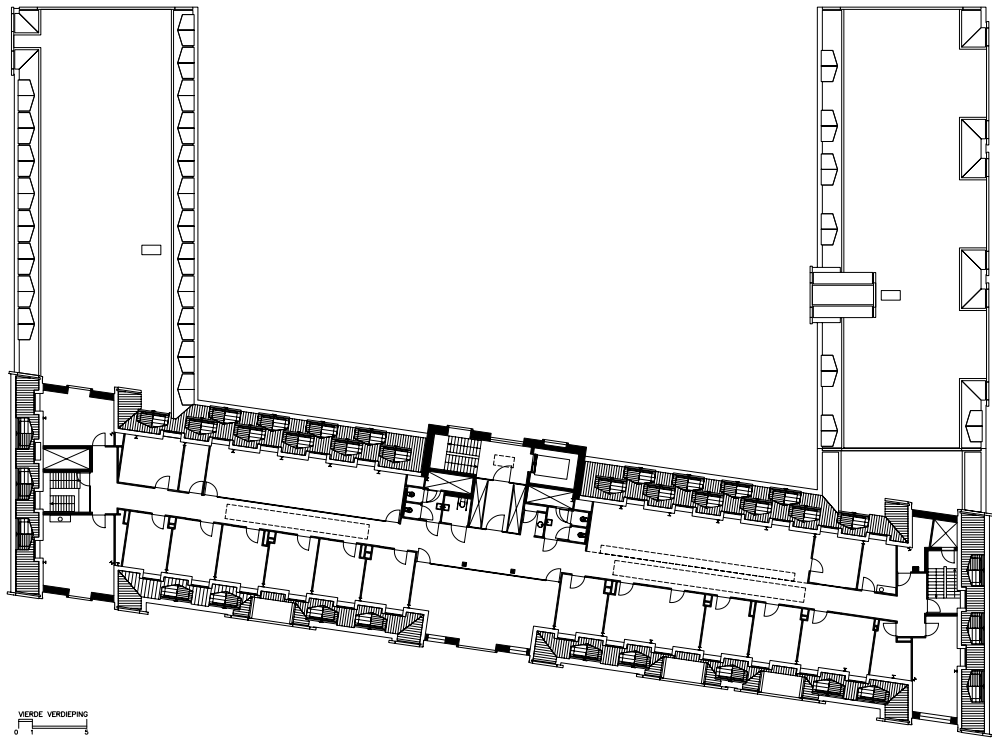
Fourth floor
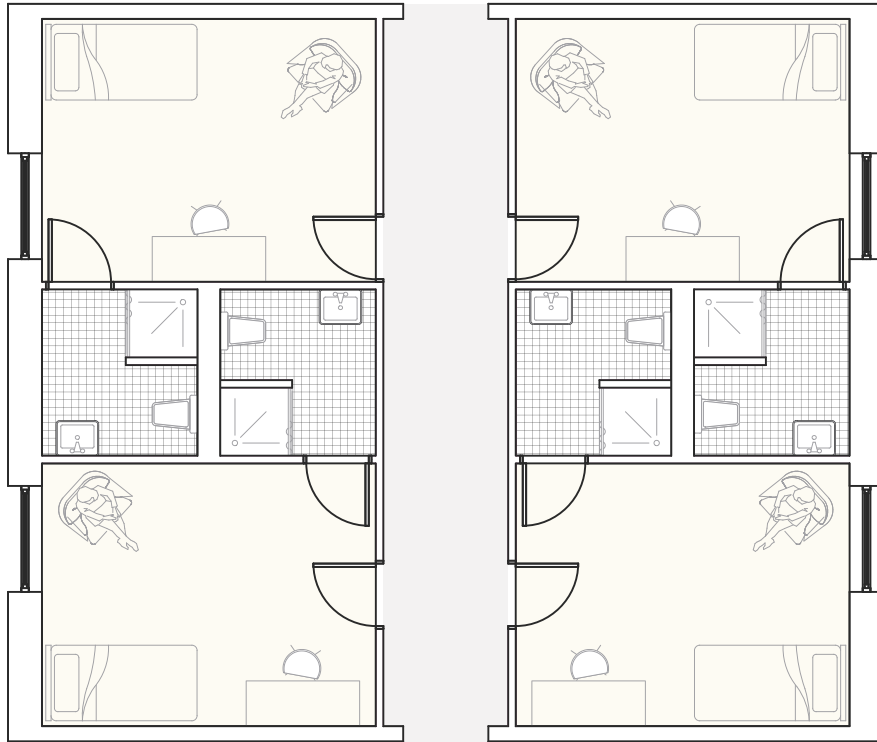
'Doorstroom'-dwelling
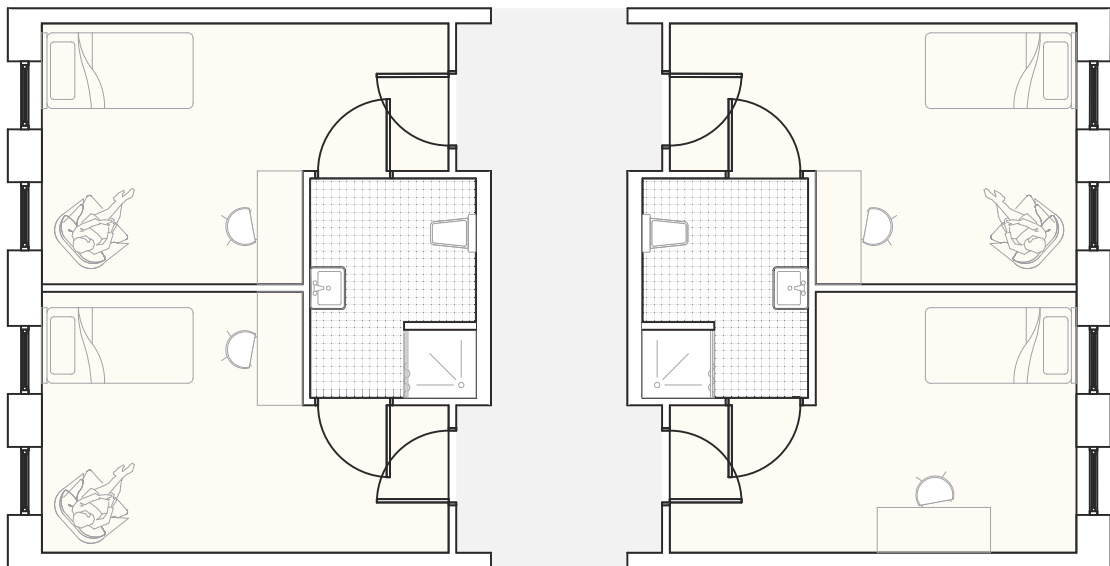
Care dwelling

Protected Living-dwell-
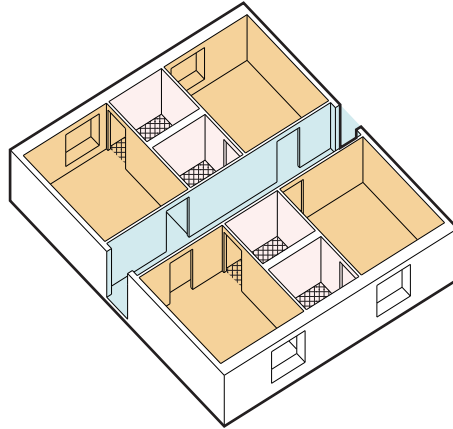
Care dwelling
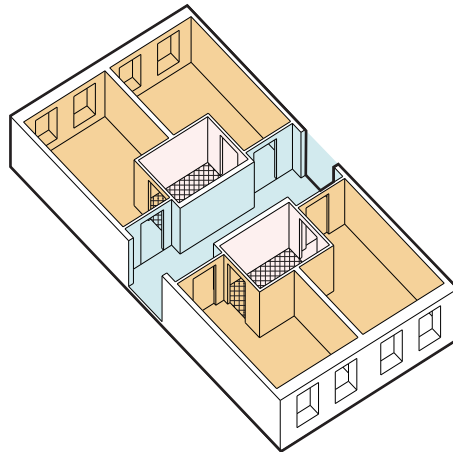
'Doorstroom' -kamer
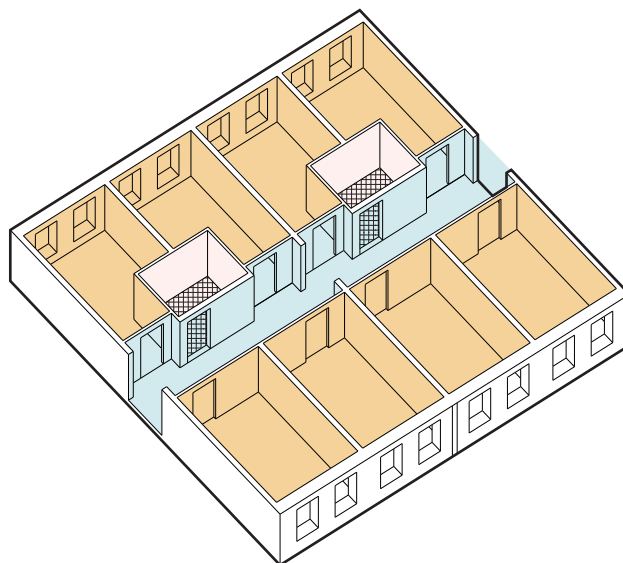
Corridor

Bathrooms

Individual unit

Functions & dwelling types
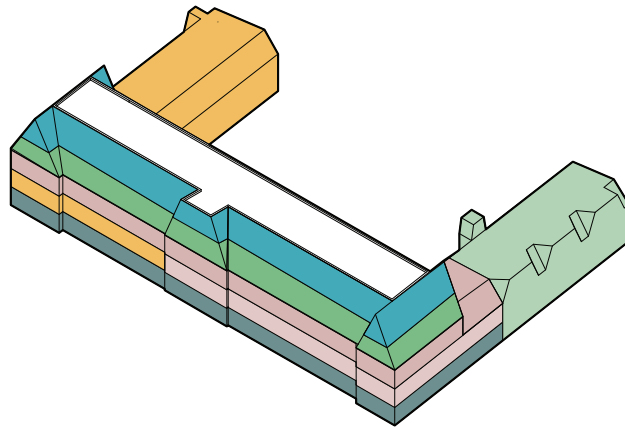
■ Collective amanities

■ Woon-zorg woning/dwelling with care

■ Doorstroomwoningen/assisted living facility

■ Night shelter facility

■ Assisted living facility for young/young adults

■ Office space
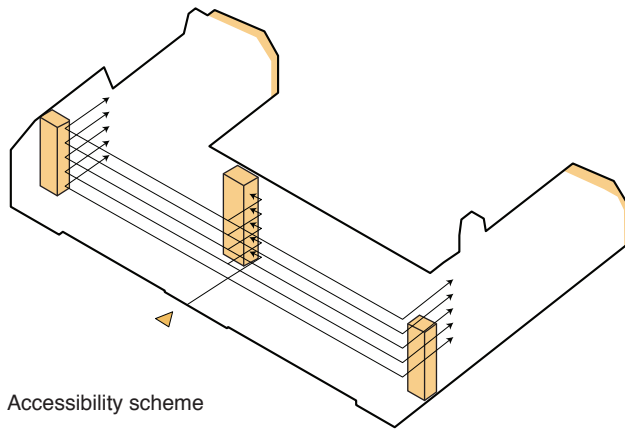
Accessibility scheme
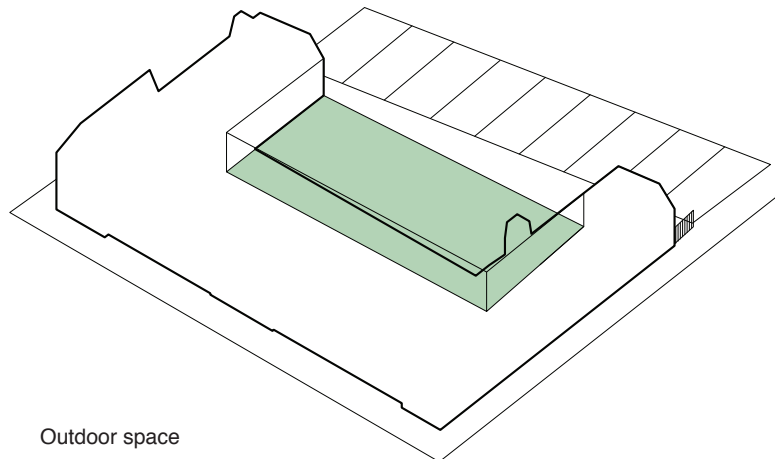
Outdoor space

DE OLIEBERG, DEN HAAG

Amount of dwellings:	71
Dwelling types:	50 single room-appartments
	21 double- or
	triple room-appartments
Other functions:	Meeting point of the social care
	organisation, daycare
Target Groups:	mildly mental disabled people
Size:	11.700 m²
Architect:	Theo Kupers Architecten
Client:	Compaan

The Olieberg is a housing complex near the beach in the municipality of Scheveningen. The complex combines dwellings for mildly mentally disabled people with social housing units. The building is partly sunken into a dune and has a raised part which contains private dwellings that have a spectaculair view over the sea.

The dwellings for the vulnerable target groups are single room appartments. The dwellings for the non-vulnerable social housing group are dubble room-appartments. The complex is build on a grid that allows to combine and split units as single- or dubble room appartments. The dwellings are randomly spread over the lower part of the building. The building also contains 6 bigger appartments with 3 rooms on the ground floor. In between these dwellings, a daycare is located as a facility for the neighbourhood.

A social meeting point is incorperated at street level as a social safety net for the vulnerable people that live in the building. If they are not feeling comfortable or just need some social interaction, they are encouraged to visit the social meeting point for some support or to eat there with other inhabitants.
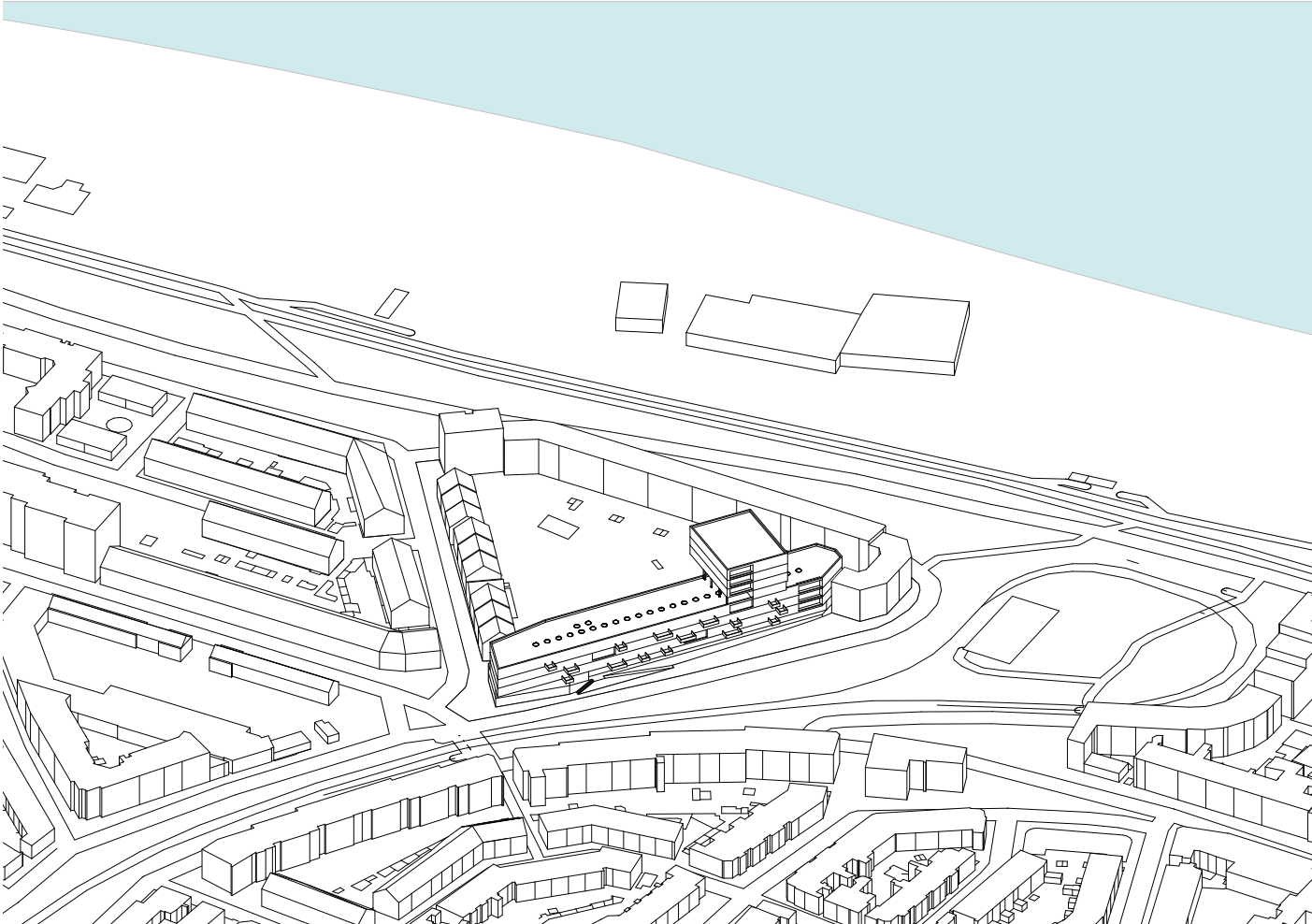
ACCESSIBILITY
The accessibillity system is one of the main characteris-
tics of the building. The two staircases are situated on
both ends of the building and are connected by the corri-
dor in the lower part of the building.
The dwellings on the groundfloor can be accesed by a
small stairs that leads to a raised entrance zone/gallery.

Accessibility scheme
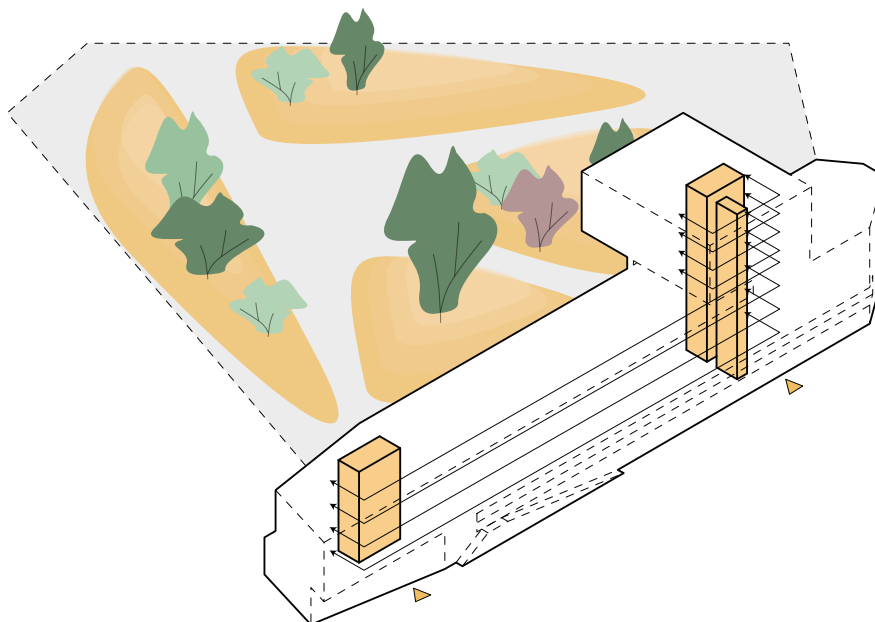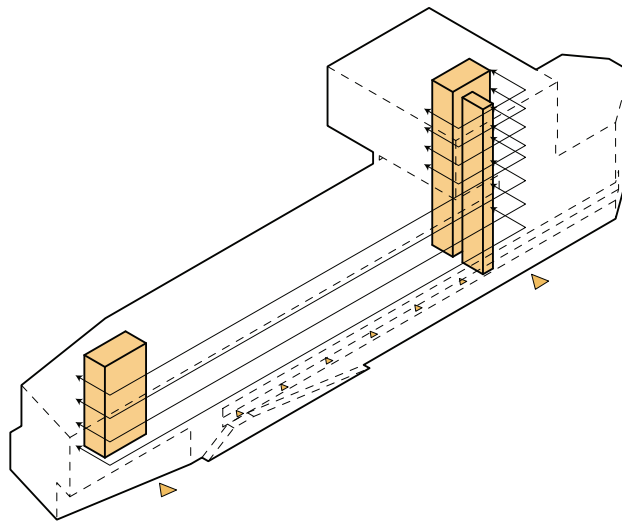
Accessibility scheme

OUTDOOR SPACE

Every dwelling contains a privat outdoor space in the form of
a balcony. The building also shares a garden with the adjecent
buildings of the parameter block. Because the building is built on
a dune and the garden is therefore sloped, non of the dwellings
are directly connected to the innergarden, except the dwelling on
the southern corner.
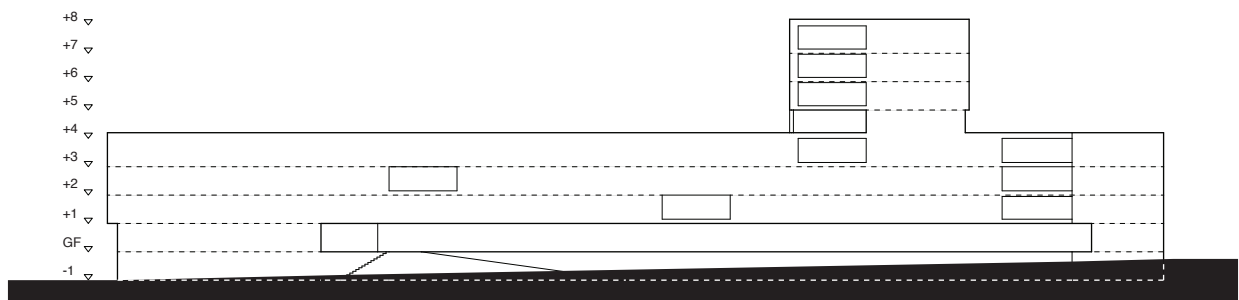
Building partly build in dune
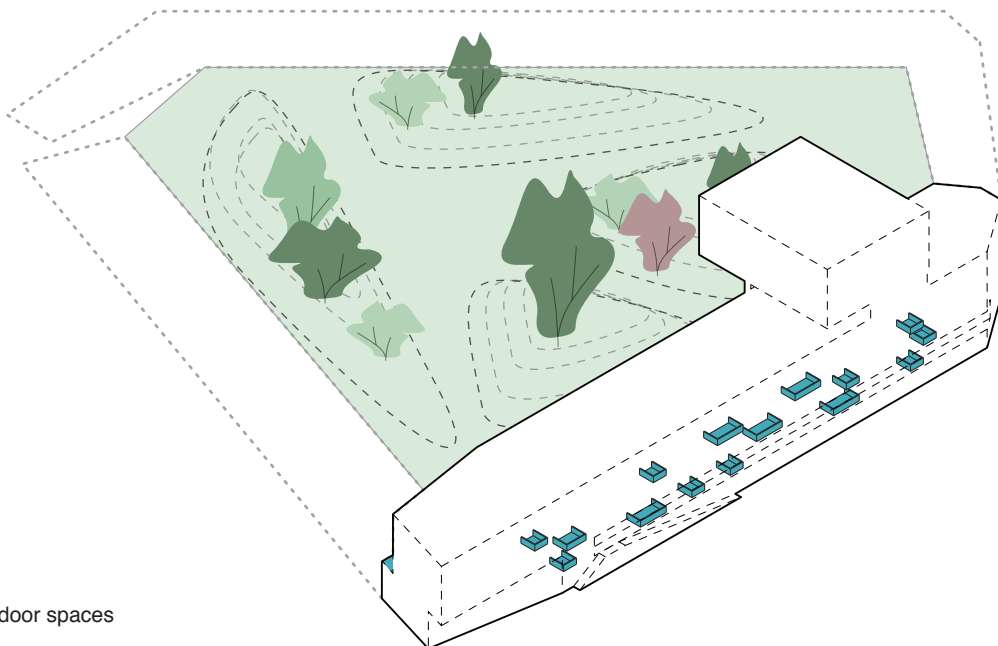
Public and privat outdoor spaces

AMENITIES

In the plinth their is a meeting point of the social care organisation. The vulnerable people that live in the building can eat their if they don't feel well enough to cook for themself, they can meet fellow inhabitants and have a chat and they go there when they need any kind of help. The meeting point is connected to the street and the inner garden.

SOCIAL SPACE

Every dwelling contains a privat outdoor space in the form of a balcony. The building also shares a garden with the adjecent buildings of the parameter block. Because the building is built on a dune and the garden is therefore sloped, non of the dwellings are directly connected to the innergarden, except the dwelling on the southern corner.

Social meeting point
Daycare
Storage space

Other amenities

Staircase
Elevator
Kitchen
Bathroom
?

Social meeting point
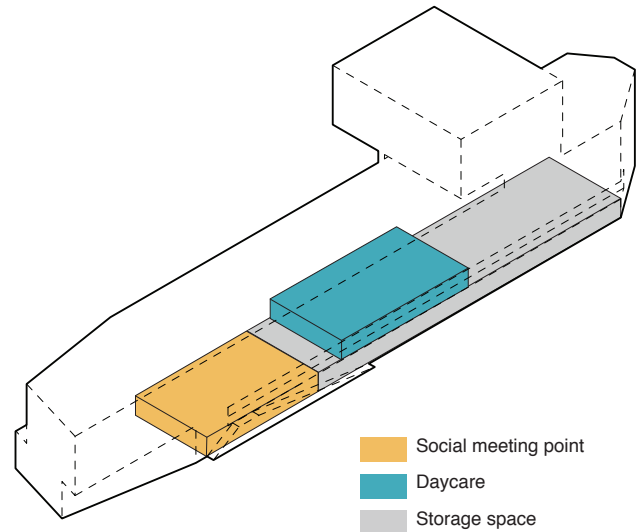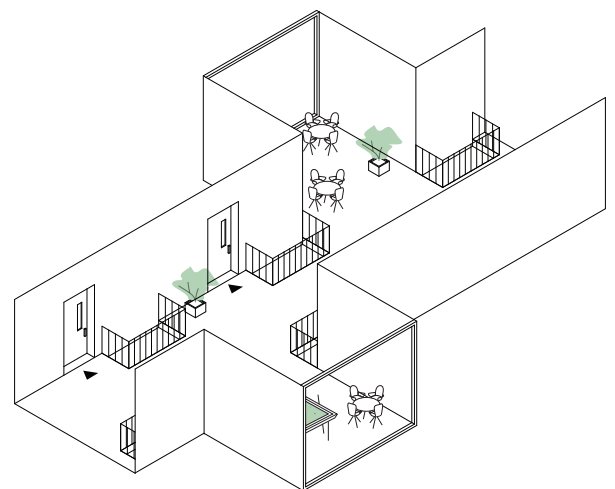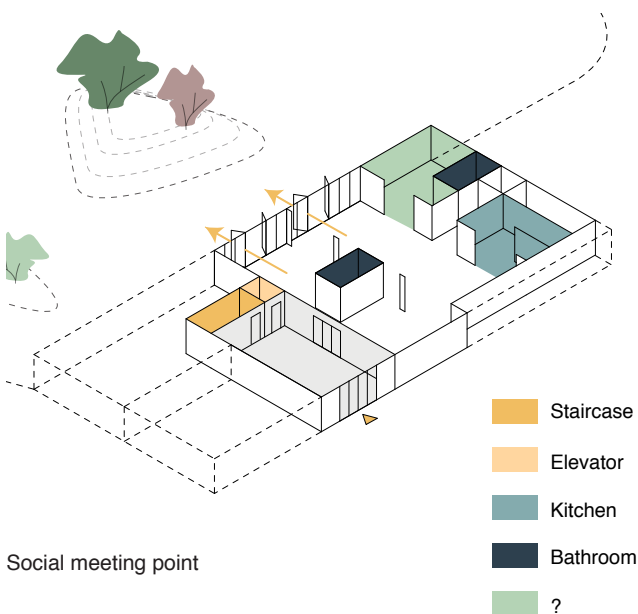
Social corridor
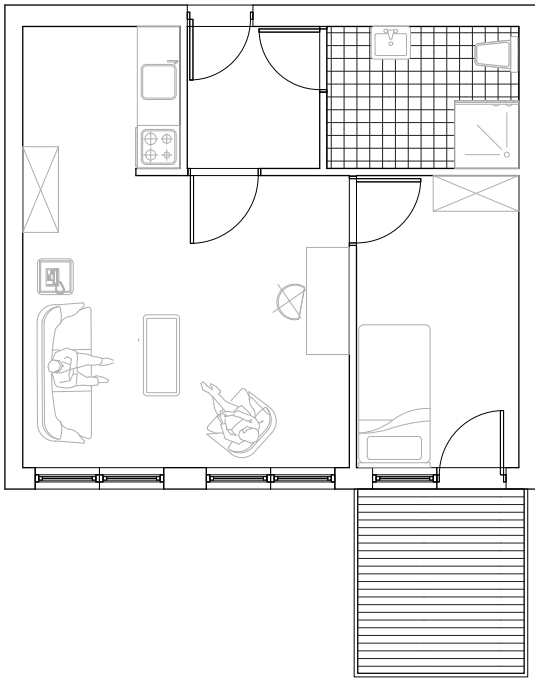
Single room appartment
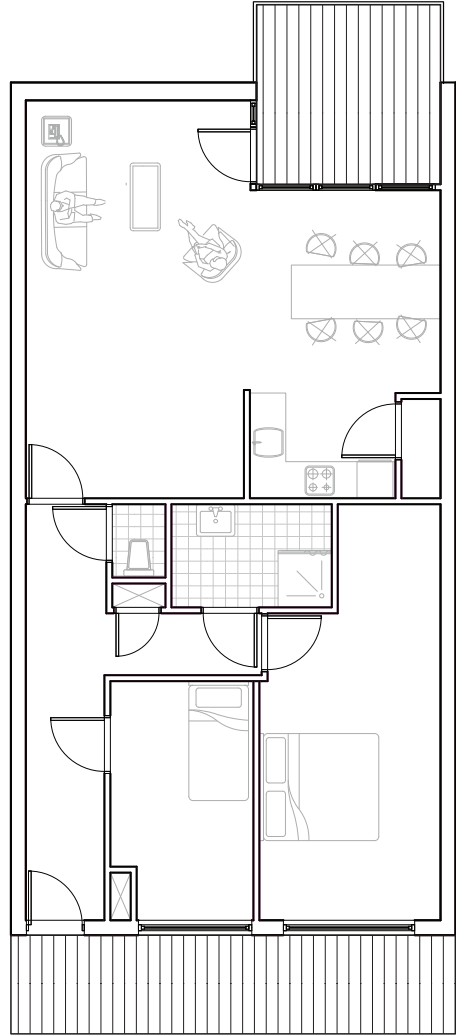
Tripple room appartment
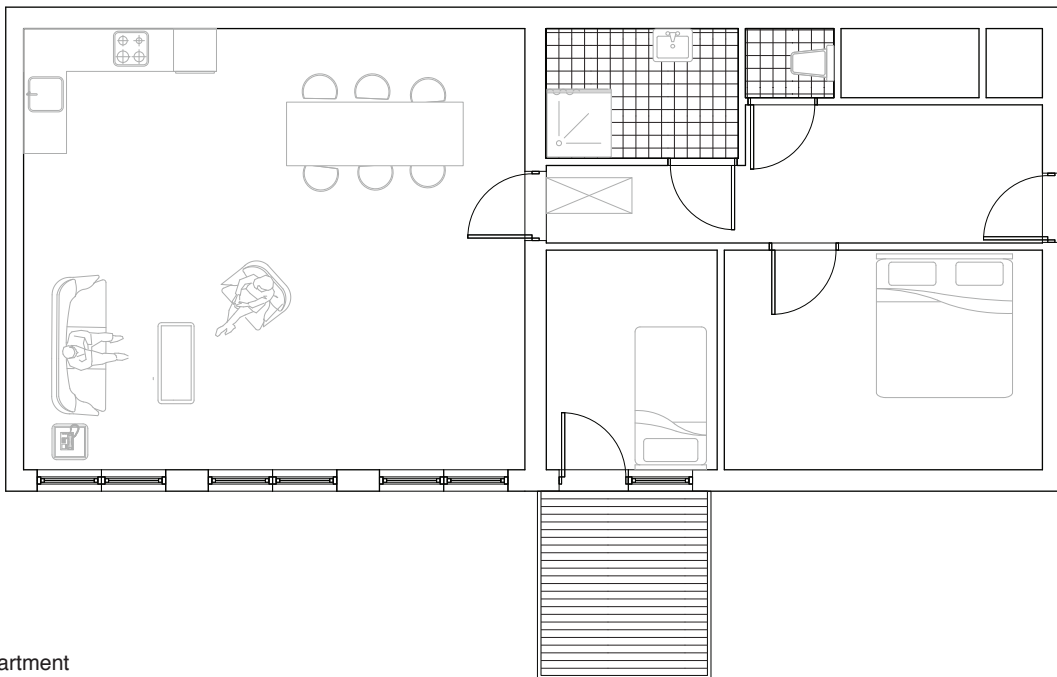
Dubble room appartment

LOCATION ANALYSIS

In this chapter we will look at the location of the eventual design project. The Dutch Housing Graduation Studio: Stronghold Amsterdam focusses on the inner city density assignment of the future. Therefore the location needs to be part of the surroundings of the Singel in Amsterdam. The chosen location of the design project is located at the east side of the city center, a former industrial site at the Hoogte Kadijken.

CHOSEN LOCATION

The chosen location is a plot at the beginning of the Hoogte Kadijk, next to the gasstation on the Sarphatist-raat. This location is chosen because of various reasons. First the location is situated at the edge of 3 different neighbourhoods. With the aim of the project in mind, this is a location where the building could contribute and add value to the social capital of multiple neighbourhoods at once. The other reason is that vulnerable people benefit from a more quiet environment. The rest of the Singel lays in more touristic and dense area's and can be therefore to stressfull and intensive to some of the target groups.

In this analysis we will look into various aspects of the site:

- history
- demographics
- morphology
- mobility
- climate
- amenities

1:1500
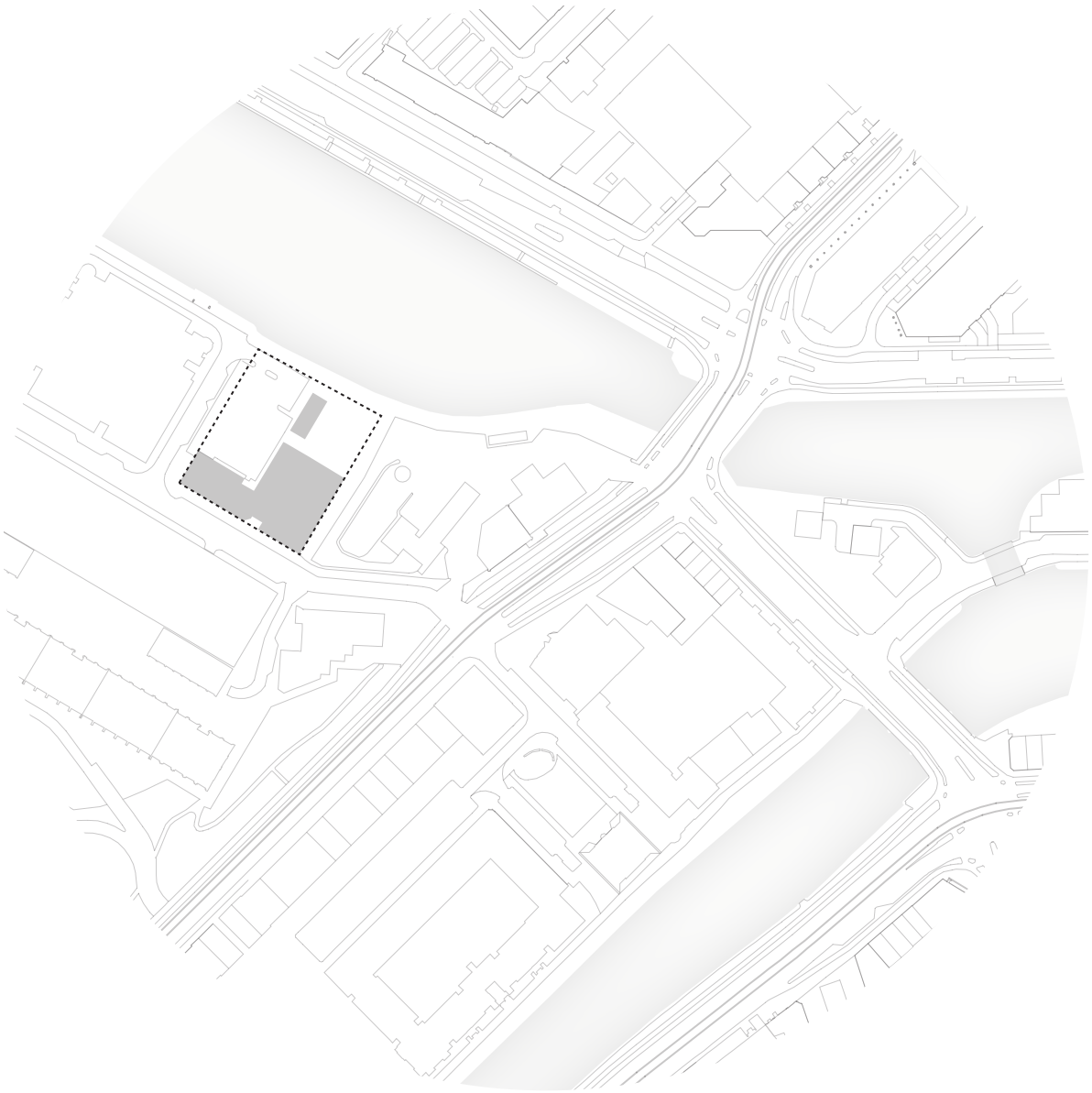
Somewhere around 1275, a tiny community of herring fishermen settled on the banks of the Amstel River. They named the settlement 'Amstelledamme'. Presumably, the first houses were situated on the east side of the river, the current Warmoesstraat (1). The Amstel itself used to be wider than the current Damrak suggests. Soon the locals started to build another settlement on the west side of the River: the Nieuwendijk (2). The two settlements merged together into a larger settlement with the dam (3) as its center. The city was granted a tollfree status by the Count of Holland. The population around this time is estimated at around 1000.

The city made a rapid development after the toll privileges were granted in 1275. The new drainage ditches on both sides of the Amstel were simultaneously ramparts; Oudezijds (1) and Nieuwezijds (2) Voorburg-wal. In the south the Grimburgwal (3) and Spui (4) acted as ramparts. At the Nieuwezijde drainage took place upon the Van Hasseltsteeg (5), near the site of the remains of the 'castle of the Heren van Amstel'. The alleys and streets in the newly developed area followed the allotment pattern of the ditches. On the Oudezijde arose stone banks, which later served as a quay for the warehouses. These warehouses were (and still are) positioned with their backs facing the water and with the front façade facing the Warmoesstraat. Remarkably, this only happened in the Oudezijde side of the Amstel. In 1295 Amsterdam's first brick building was constructed: the Old Church (6).
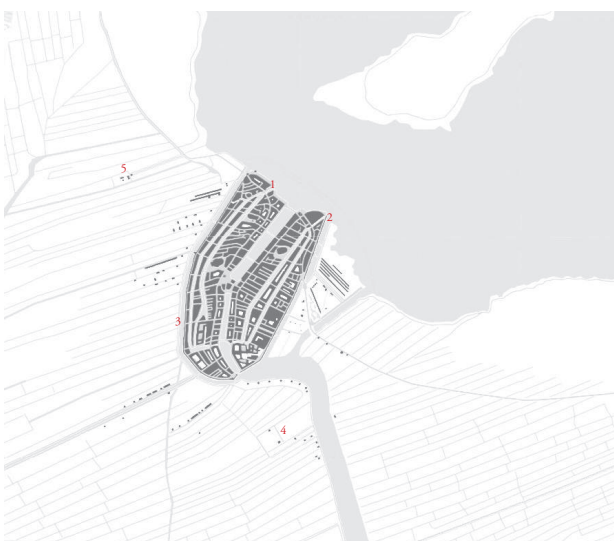
Around 1380 embankments were added on both sides of the city: the Oudezijdsachterburgwal and Nieuwerzijds. In order to safe costs the new canals were drained at the old locks: Martelaarsgracht (1) and Zeedijk (2). Soon, the urban expansion was insufficient to absorb the rapid growth of the population. Therefore the city council decided to build entirely new defense canals (3). Around 1450 it was constructed. A large part of the new districts, particularly in the eastern part, was owned by monasteries. Some monastic communities could also be found outside of the defense canals: Near the Amstel the Regulierenklooster (4) was located and the Karthuizerklooster (5) west of the city. The expansion of the city was completed in 1450 and was mapped for the first time in Amsterdam by Cornelis Antoniszoon in 1538. In the period between the completion of the expansion and the time he made his map the city of Amsterdam grew barely. Until the mid-sixteenth century the population density increased in the city, making it inevitable to build houses outside the city walls.

1000 m

1:50.000
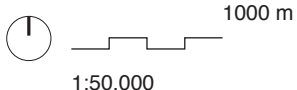
After the fall of Antwerp in 1585 a massive flow of refugees fled to Amsterdam. However city could not handle the sudden population growth. After the Alteration of 1578 (shift of power from Catholics to Protestants) the monasteries were forced to leave the inner city. The empty land and buildings offered some relief, but not enough. Initially Amsterdam started with the densification within the existing boundaries of the city.
In 1585 Lastage (1) was drawn to the city. The area was already provided with some protection from the Oude Schans and Montelbaanstoren, but was now fully enclosed and protected. Eventually the city council decided to build a fortification around the entire city, provided with ramparts, bastions and a canal. Nowadays this new canal is known as the Herengracht (2). For the expansion, the increasing population growth played a less important role than the political unrest that caused a onstant threat of war. The expansion provided a new strip of land for building purposes and space for a large port in the east (3).

The Golden Age places Amsterdam firmly on the map. Amsterdam's economy flourished and a large amount of immigrants moved to the wealthy city. Therefore big plans were made to build an entirely new city around the old city with a new fortification. The construction of the first part of the fortification (from Brouwersgracht to Leidsegracht) started in 1613 and in 1625 the complete area was filled with different types of buildings. Adjacent to the old city, three prestigious canals were dug: Herengracht (1), Keizergracht (2) and Prinsengracht (3). The canal houses were very popular amongst the upper classes. Behind the canal district a residential- and industrial district, the Jordaan (4), developed for the working class. In the west a new harbor area developed on three islands (5). Behind the Haarlemmerpoort was a newly dug canal leading to Haarlem (6).

After the experience from the previous period, when the new city extension was crammed within a few years, the city government decided in 1658 to complete the expansion of the city towards the Amstel and from the Amstel to the river IJ. With this development the city got its crescent shape. However, due to economic back fall, major parts of the new city expansion remained undeveloped after the completion of the new fortification. In the first place the areas along the access roads towards the old town, Leidsestraat (1) and Utrechtsestraat (2), developed. Later followed the rest of the canal district between Leidsegracht en Amstel. The Dutch East India Company settled on the eastern islands (3) of Amsterdam. On the dam the old medieval town hall burned down in 1652. The construction of a new city hall started and was completed by 1672.

1000 m

1:50.000

The development of the area across the street from the Amstel stared slowly due to the stagnant economic situation. In 1682 the construction of the 'Plantation' (1) started, with the intention to give the wastelands between Herengracht and Muiderpoortstation a recreational function. In this area there was a strict ban on housing and industry. The Hortus Botanicus got a place here. The area on the Eastern Docklands is completely built on and consisted of buildings and workshops that were used by the Dutch East India Company (2) .

In 1795 French troops occupy the Netherlands and introduce the Batavian Republic. The fragmented United Provinces become a centralized state, with Amsterdam as its capital. Amsterdam's city growth stagnated around 1800. There was hardly any construction activity and the population declined. On the outskirts of the city some areas developed with pre-industrial activities, such as saw mills (1) west and south of the city.

In the course of the nineteenth century the fortification walls started to disappear. At the same time, better connections with other cities were made. In 1839 the first train ran to Haarlem (1) and in 1843 to Utrecht from Station Amsterdam Weesperpoort (2). In this period the two railway tracks were not yet connected to each other.

1000 m

1:50.000

Amsterdam's population started to grow again, and plans were made, after two centuries of stagnation, for a new urban expansion. The first 'leap over the canal' took place between the Amstel river and the Boerenwetering and the new district was named 'The Pipe' (1). In 1865, the Vondelpark (2) was built. The map shows that the development started around the park. The IJ was partially drained, due to the opening of the North Sea Canal (3). The two railway tracks were connected on an artificial island (4) in the harbor, on which the central station was built in a later stage.

The end of the 19th century was dominated by a huge construction activity around the old town. The buildings largely followed the existing allotment. The Singel canal (1) was leveled and the fortification disappeared, except for the Marnixkade(1).

The map clearly indicates that the inner city of Amsterdam barely grew in the 20th century, due to the density of the city. Public functions have been assigned to all open spaces. In the Eastern Docklands (1) a new residential area had risen on the site of the former shipyards. In the 21st century, most of the new residential areas are being built outside the city boundaries. It is questionable whether Amsterdam will continue to maintain the growth rate of the last century.

1000 m

1:50.000

HISTORY OF THE KADIJKEN

In 1662 the city of Amsterdam started with the fourth city expansion of the city, in which the neighbourhood of the Plantage was a part of. They executed this giant part at once because the city of Amsterdam was growing rapidly, and municipality expected to be able to easily sell all the properties build. Also finishing the second part of the a half round shape of the city could have helped in their urge to already make the Plantage area ready for habitation. But after the wars with England (1672) the economic growth stagnated, making further development of the area impossible.1 To make any use of this bare land Jacob Bosch designed a plan in 1683 to rent the area as places for leisure and parks for periods of 20 years, with temporal buildings to be sure that the land could be sold later, when the economical situated bettered.2a

To make the allotment of the Plantage more easy, the Sint Anthoniesdyke (important embankment between the city and the Zuiderzee) going diagonally trough the area was rebuild up north, the Hoogte Kadijk. At first there was still not so much interest in these new plots, therefore some charity groups as the Amstel, Occo's, Corvers and Brandts courts (mostly build for elderly unmarried women), the protestant church, the Hortus Medicus (now Botanicus) and the Amsterdam workhouse (where inmates could be set to work) where able to buy large plots for a small price2b. Although elderly house the Amstelhof has been rebuild as museum the Heritage and some of the courts are now normal dwellings, some of this characteristic is still there, as for instance the Dr. Sarphatihuis is already since 1782 and still an elderly housing complex.

The rest of the plot where in later years rented to be used for a leisure function, first only parks for walking, but later also theatres, teahouse and gardens, bars and a bathhouse. Soon it was the most important leisure area of Amsterdam. To take control over the amount of bars starting in the area, the city of Amsterdam build in 1688 a grand public house and removed all the skanky pubs from the area.2c

While the Plantage was now a formative looking area, the banks of the Hoogte kadijk had a more rough storehouse function for the overseas trade. This was not the ordered and structured affair that would have fitted the area, but a rather messy one. King William I therefore gave order to build a new storage building in 1823, in which the storaged goods where well organized and was which was closed off from sight by walls. 2d

In the beginning of the 19th century, in the last years of the military occupation by the French, a barrack building was constructed in the area as commissioned by Napoleon, to strengthen the stronghold of Amsterdam.2e This building was the beginning of a later build barrack building and a military hospital constructed close by, that later formed an important part in the defence works around Amsterdam as part of the "Nieuwe Hollandse Waterlinie".

From 1860 onward the temporal park buildings where lotted and sold for dwelling construction, where the economic situation was bettering.2f By 1900 the Plantage had established itself as a Jewish neighbourhood, with a great deal of shops as for instance jewelleries2g. In 1941 about 65% of the area was inhabited by Jewish people.2h The Portugese synagogue, the Dutch theatre (now a Jewish cultural institute and war memorial) and the Jewish museum (which used to be a synagogue) still remind of that history. Also the lively public character of the Plantage with it's theatres and bars that had dominated this area in the 18th century was in the 19th century still alive, by the end of the century the Plantage possessed no less than four theatres.2h This all until the second world war. In 1943 the Dutch theatre, which had traditionally been a populair place for Jews to visit had been used by the Nazi's to deport Amsterdam Jews to working camps.2i Later this became a memorial area, because of its laden history. Off the once lively neighbourhood was not much left.

By the end of the 20th century the area lost its trade function and military function, where the entrotdock was dismanteled in 1983,2d to be some years later to be reused as a dwelling complex and the military complexes where reused as offices. Nor was it, because of the war a Jewish neighbourhood anymore. Today it is mainly a dwelling neighbourhood with some touristic attractions as Artis, the IJ brewery and the botanic garden. Also it is since 1880 one of the locations of the University of Amsterdam, that is growing in size since then. Today the area houses three of the universities faculties.

1   Rosenhart, A.M. (2010). De vierde uitleg van Amsterdam van 1662: Stedenbouwkundige ontwikkeling en verkaveling. Utrecht: Universiteit Utrecht. pp. 4.
2   Roegholt, R. et al. (1982). *Wonen en wetenschap in de Plantage: De geschiedenis van een Amsterdamse buurt in driehonderd jaar.* Amsterdam : Universiteit van Amsterdam
     pp. a:13 b:10 c:14-16 d:31 e:27 f:42-43 g:49 h:52-54 g: 65 i:69-70.

Gender

Amsterdam

51% 49%

■ Men ■ Women

DEMOGRAPHICS OF THE LOCATION

The location is part of the neighbourhood of the Kadijken, but also close to the neighbourhood of the Oostelijke Eilanden. Therefore we've incorparated also this neighbourhood in the demographic analysis of the location.
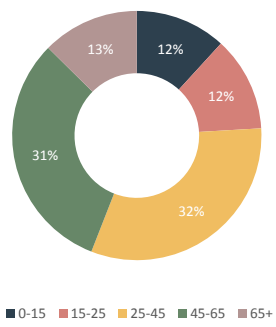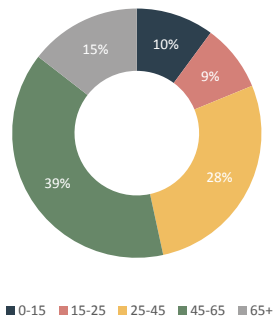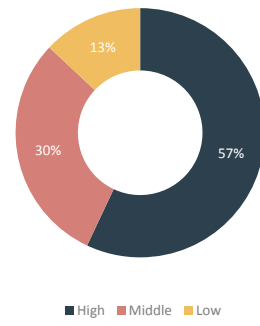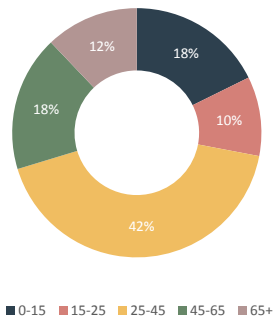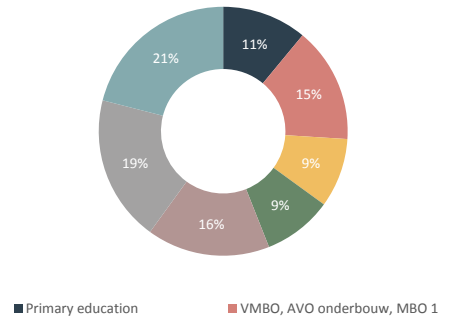
The analysis shows how the neighbourhood of the location is related to the averages of Amsterdam and the district of Centrum Oost.
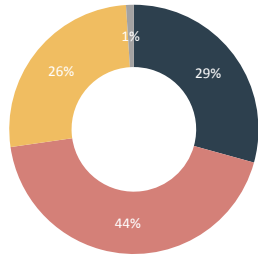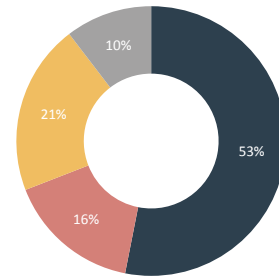
Central District

50% 50%

■ Men ■ Women

Kadijken

50% 50%

■ Men ■ Women

Hoogte Kadijken/
Oostelijke eilanden

50% 50%

■ Man ■ Woman

Age

Education

Chart 1 (Age):
15% | 13% | 35% | 25% | 12%

0-15 | 15-25 | 25-45 | 45-65 | 65+

Chart 1 (Education):
11% | 15% | 9% | 9% | 16% | 19% | 21%

Primary education | VMBO, AVO onderbouw, MBO 1

Chart 2 (Age):
18% | 10% | 42% | 18% | 12%

0-15 | 15-25 | 25-45 | 45-65 | 65+

Chart 2 (Education):
57% | 30% | 13%

High | Middle | Low

Chart 3 (Age):
10% | 9% | 28% | 39% | 15%

0-15 | 15-25 | 25-45 | 45-65 | 65+

Chart 4 (Age):
12% | 12% | 32% | 31% | 13%

0-15 | 15-25 | 25-45 | 45-65 | 65+

Home ownership

Household composition

Amsterdam

Home ownership (Amsterdam): 29% Buy, 44% Rental cooperative, 26% Rental other, 1% Other

Legend: ■ Buy ■ Rental cooperative ■ Rental other ■ Other

Household composition (Amsterdam): 53%, 16%, 21%, 10%

Central District

Home ownership (Central District): 28% Buy, 33% Rental cooperative, 39% Rental other

Legend: ■ Buy ■ Rental cooperative ■ Rental other

Household composition (Central District): 63%, 15%, 23%
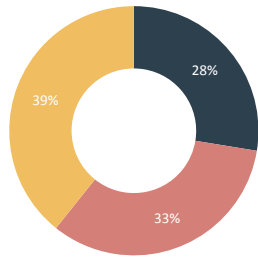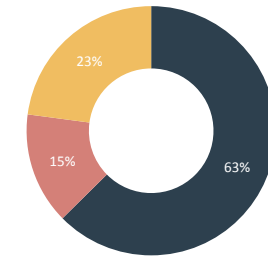
Legend: ■ 1-person household ■ Household with children ■ Household without children

Kadijken
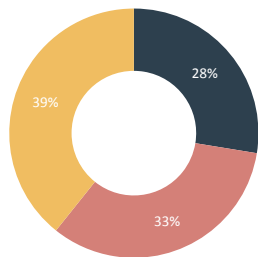
Home ownership (Kadijken): 28% Buy, 33% Rental cooperative, 39% Rental other

Legend: ■ Buy ■ Rental cooperative ■ Rental other

Household composition (Kadijken): 59%, 21%, 20%
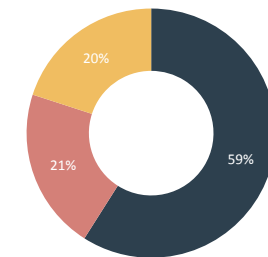
Legend: ■ 1 person household ■ Household with children ■ Household without children

Hoogte Kadijken/ Oostelijke eilanden
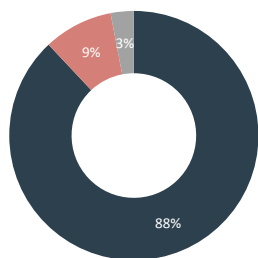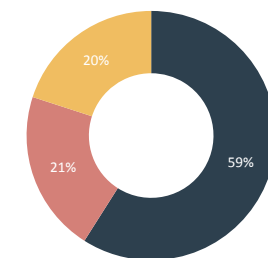
Home ownership (Hoogte Kadijken/Oostelijke eilanden): 88% Buy, 9% Rental cooperative, 3% Other

Legend: ■ Buy ■ Rental cooperative ■ Other

Household composition (Hoogte Kadijken/Oostelijke eilanden): 59%, 21%, 20%

Legend: ■ 1 person household ■ Household with children ■ Household without children

BUS
Line 22:
Destenation Sloterdijk

TRAM
Line 10:
Destenation Java-eiland

BUS
Line 22:
Destenation
Indische Buurt

TRAM
Line 14:
Destenation
Flevopark

TRAM
Line 10:
Destenation Westergasfabriek

TRAM
Line 14:
Destenation Slotermeer
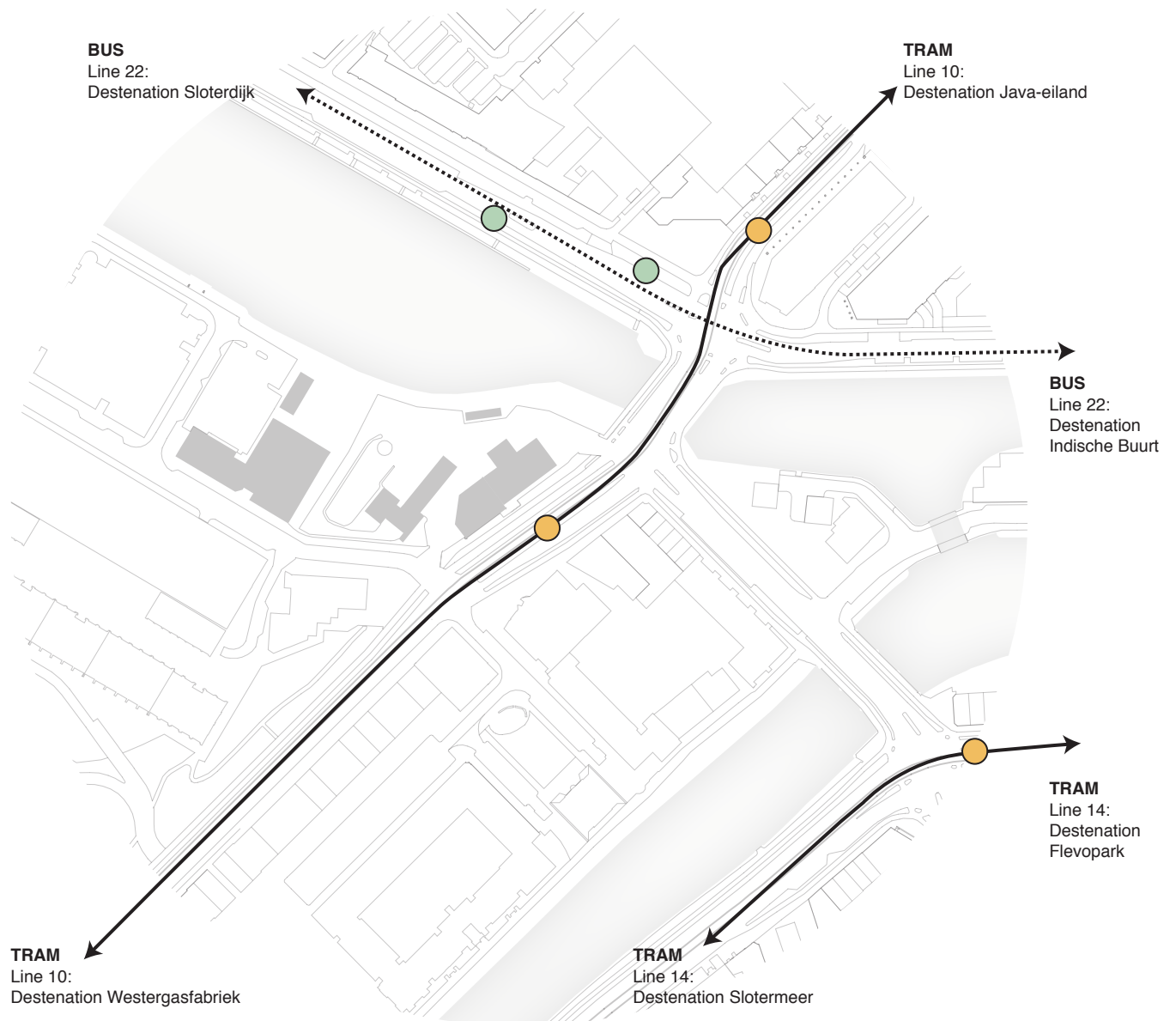
PUBLIC TRANSPORT

Next to the site various boarding points for public transport are present. At the Sarphatistraat, the tram stops next to the gassta-tion. North to the site, accros the water, the bus towards Central Stations can be found. On the east side of the location, the tram to Amsterdam South-East stops.
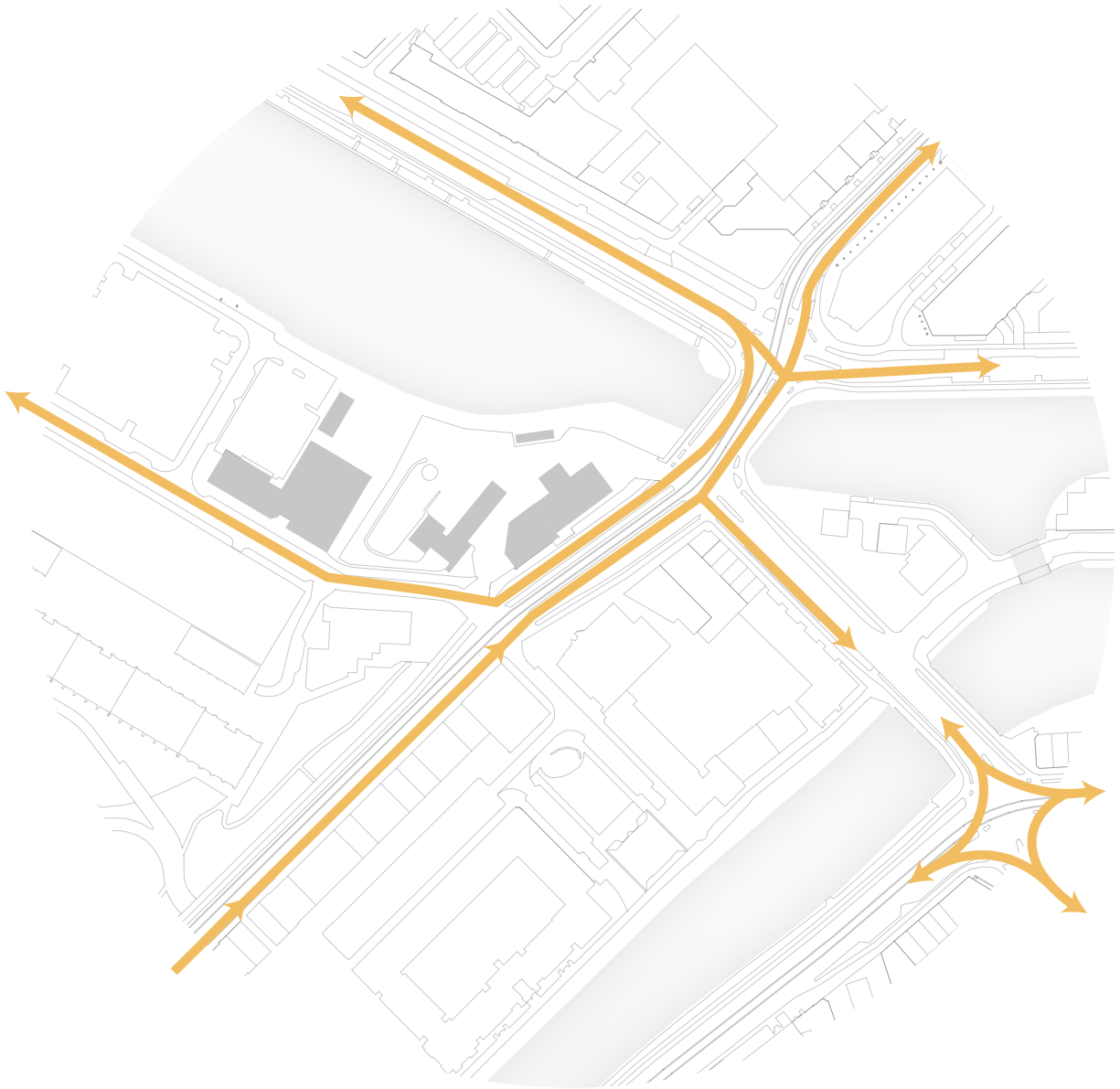
CARS
The chosen site is located on a quiet street. The street isn't part of
an important car route, but only functions as an .
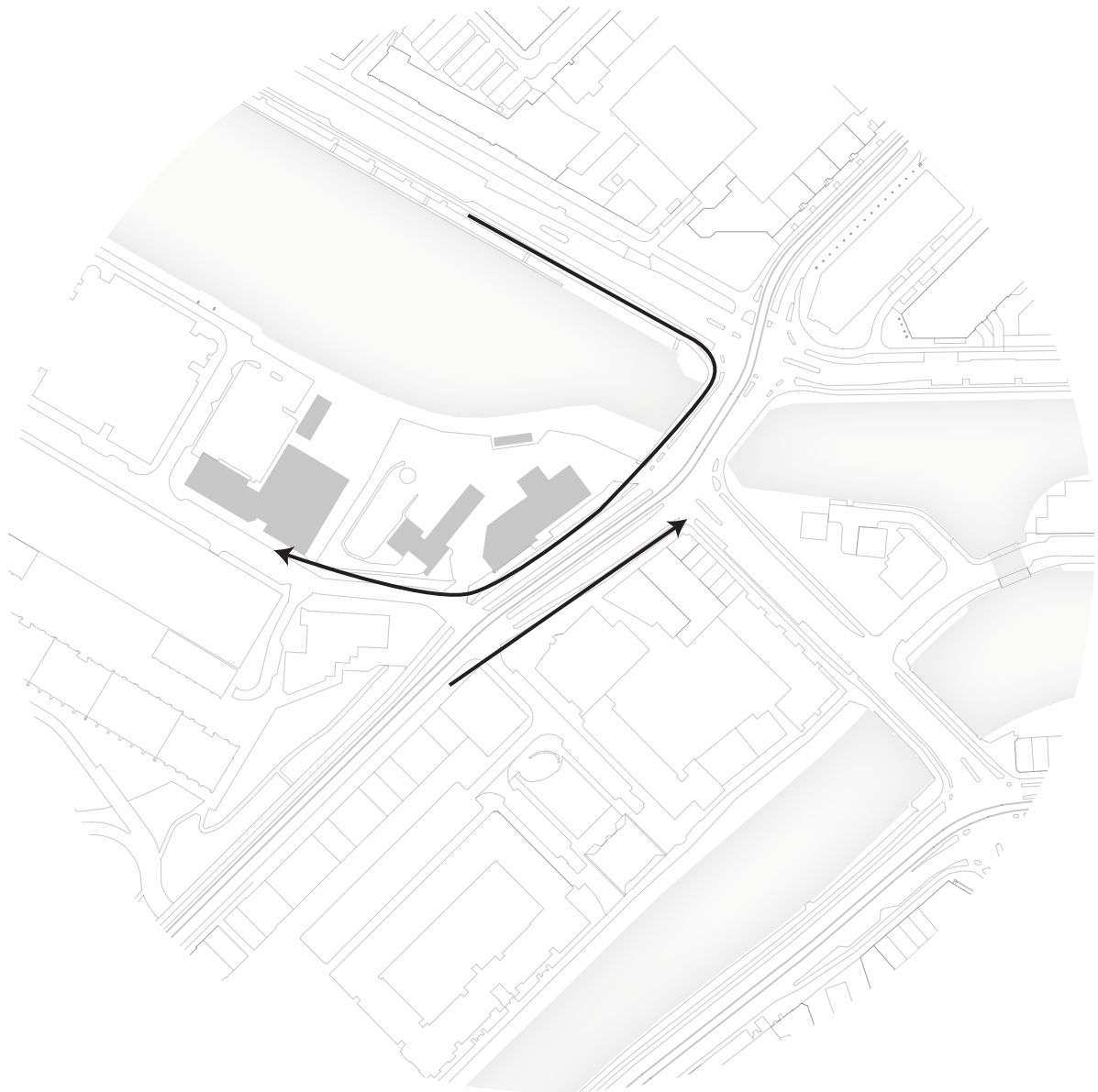
WALKING ROUTES
Next to the site various boarding points for public transport are present. At the Sarphatistraat, the tram stops next to the gasstation. North to the site, accros the water, the bus towards Central Stations can be found. On the east side of the location, the tram to Amsterdam South-East stops.
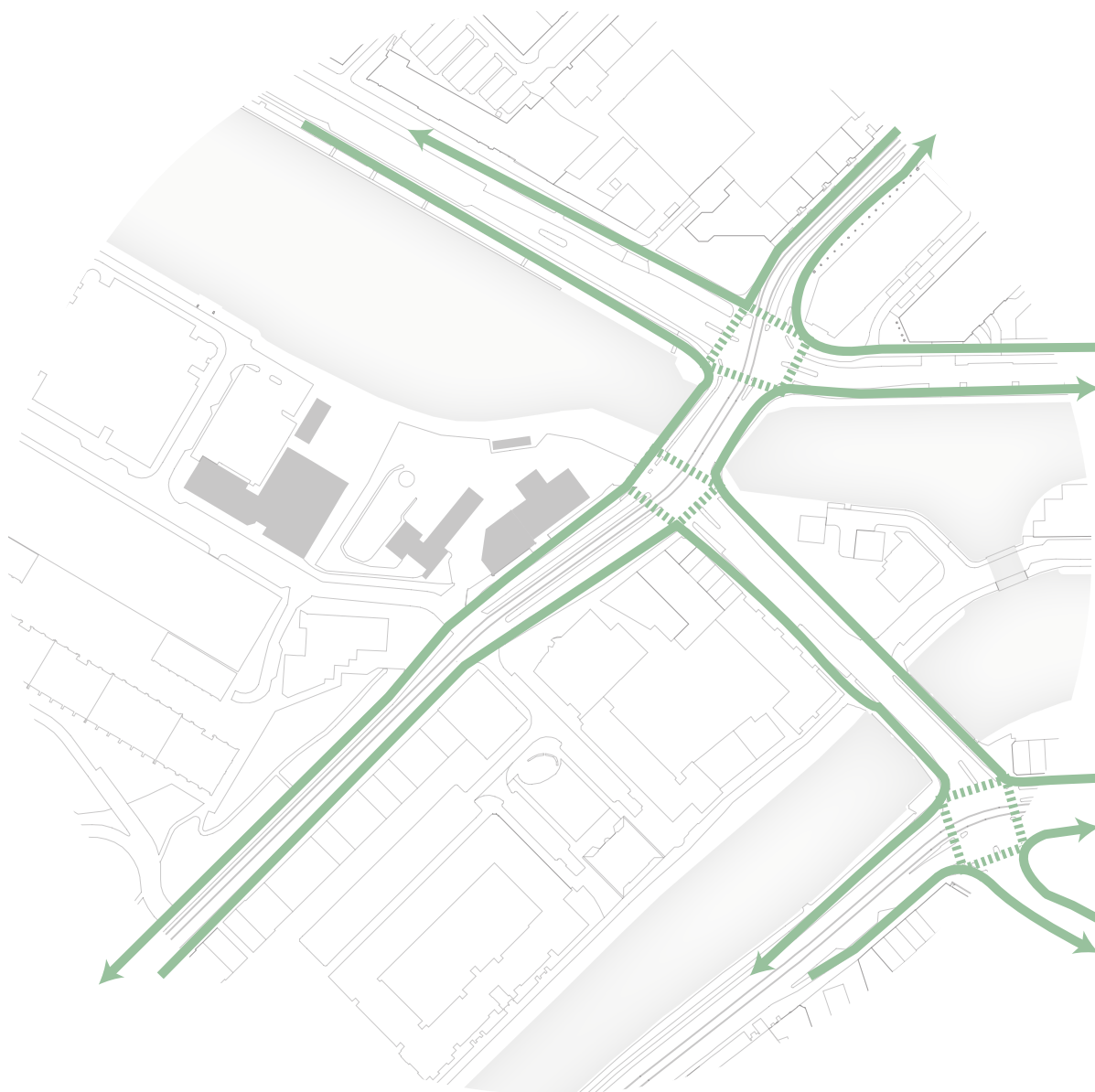
BIKE ROUTES

Next to the site various boarding points for public transport are present. At the Sarphatistraat, the tram stops next to the gassta-tion. North to the site, accros the water, the bus towards Central Stations can be found. On the east side of the location, the tram to Amsterdam South-East stops.

Paths & Nodes
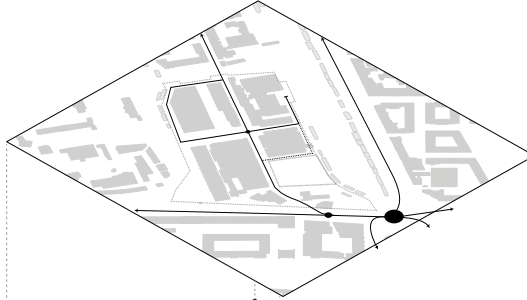
Districs
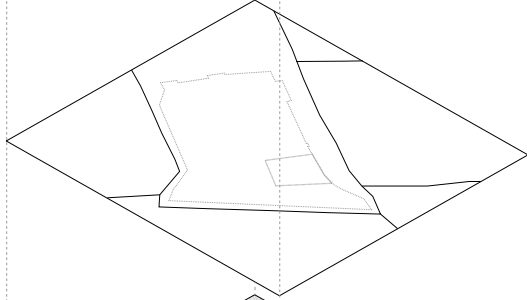
Buildings
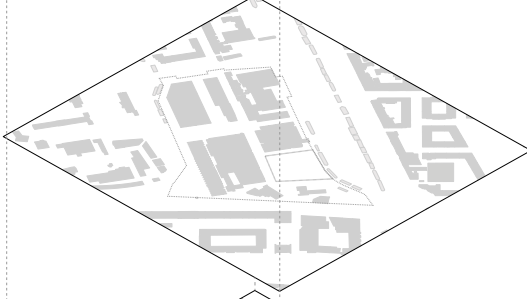
Edges
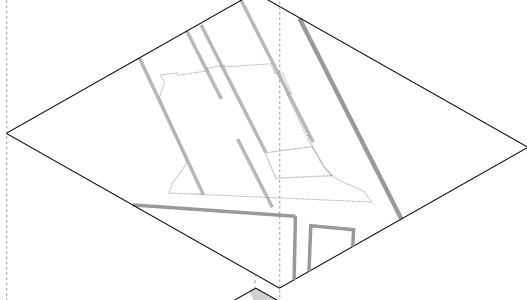
Water
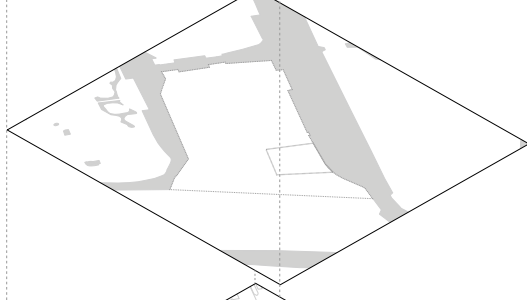
Location
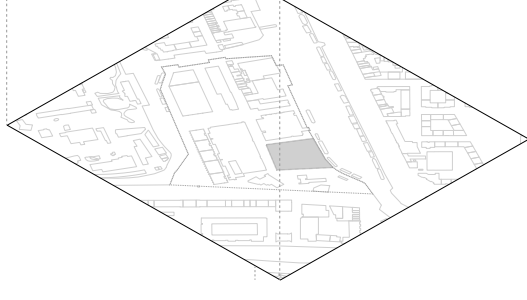
NOLLI MAP

The Nolli map shows the difference between public space and the private space. From this map we can conclude that besides the theater and museum on the north side of the ploth and the Zoo on the south, there is not much public interior space in the surroundings.

BUILD VS. UNBUILD

In this map the difference between build and unbuild area is shown. We can see that various buildings in the neighbourhood contain a closed or half closed courtyard. Unclear is which is can be entered by the public, but we asume that they are all private.

TYPOLOGIES

This map shows the present typologies in the neighbour-hood. Remarking is the presence of the many courtyard typologies, which was also shown in the build/unbuild map. Next to the site, the only free standing building is located.

Courtyard typology

U-shape courtyard typology

Open courtyard typology

Facing slab typology

Facing slab typology

Slab typology
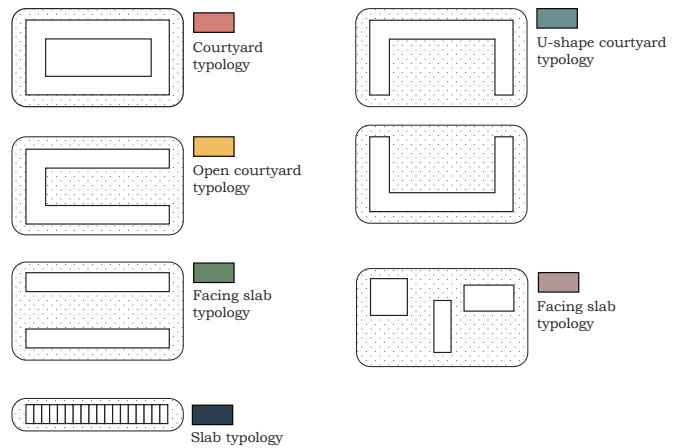
BUILDING AGE
The buildings adjecent to the site are all build in the last
quarter of the 20th century. More to the north east on the
Hoogte Kadijken, the buildings get older.

< 1800	1960-1975
1800-1850	1975-1985
1850-1900	1985-1995
1900-1930	1995-2005
1930-1945	> 2005
1945-1960	
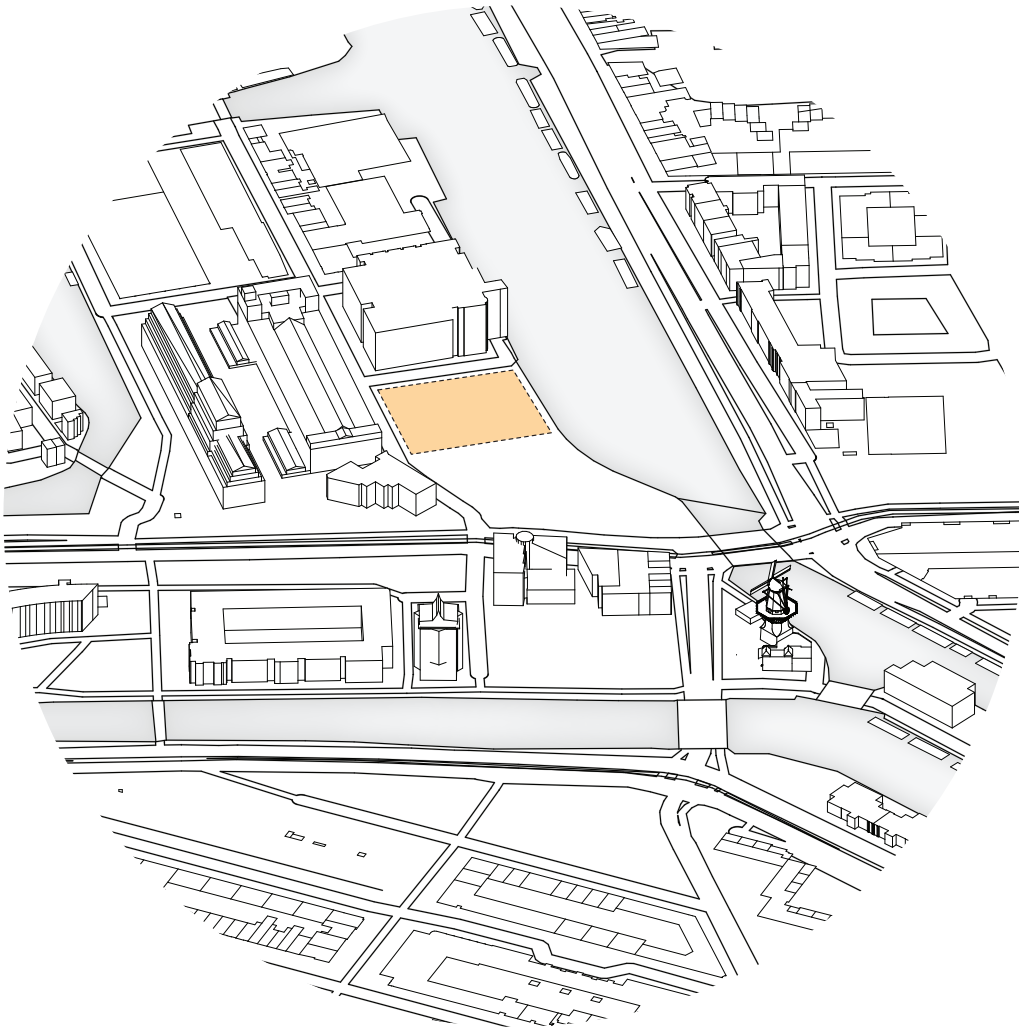
ISOMETRIC DRAWING
This drawing shows the building masses of the adjecent
building next to the site.

BUILDING HEIGHTS
This drawing shows the building heights of the adjecent
building next to the site.

> 20m

15-20m

10-15m

<10m

GREEN STRUCTURES

This drawing shows the green structures in the surroundings of the site and which are part of the public domain and which are private and therefore not accessible. Caractheristic of the site is that the courtyards of the surrounding form the main green structures, but are not accessible to public life. The public green structures are scarce or not well usable.

■ Non accessible green structure
■ Accessible green structure

South facade
South-West and South-East facade
East and West facade
North-East and North-West
North facade

Possible amount of sunhours

January February March April May June July August September October November December

Sunset 20:17uur
Sunrise 3:43uur
Sunset 15:43uur
Sunrise 8:17uur

North

West **East**

South

Wind rose Amsterdam
December 2017

North

West **East**

South

Wind rose Amsterdam
June 2017

SUN & WIND

The wind analysis shows that the site is quiet well-protected from
the wind by it's adjacent buildings. Only with a north or easter
wind, the site will be unprotected, but this is a very unusual wind
direction on this specific location.

CLIMATE

26 January: 10.00

26 January: 13.00
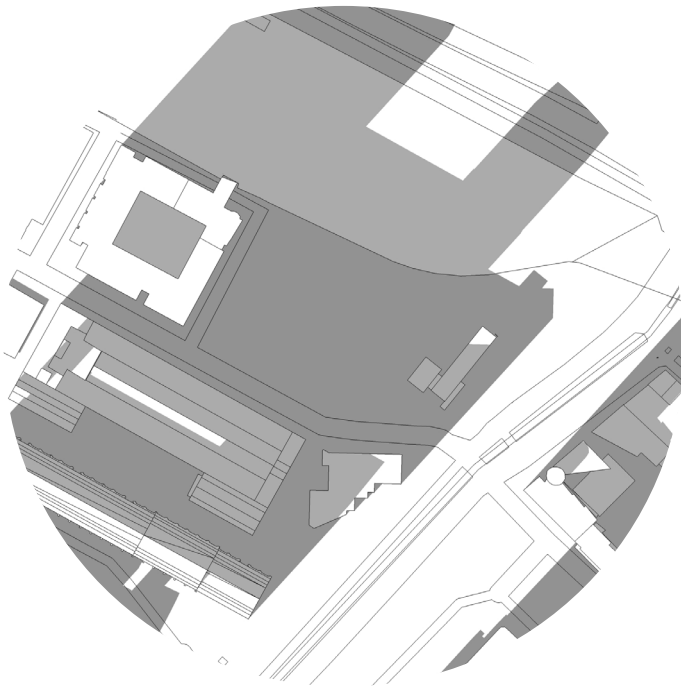
26 January: 16.00
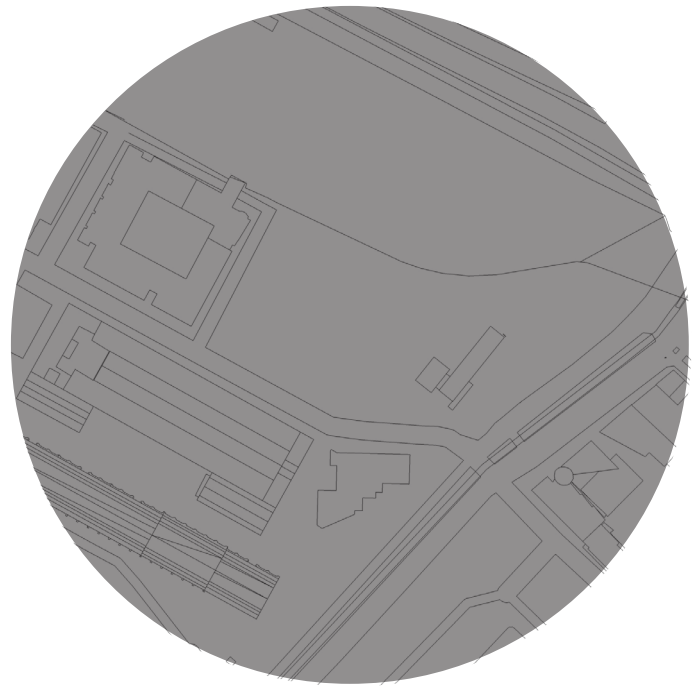
26 January: 19.00

SUN/SHADOW ANALYSIS
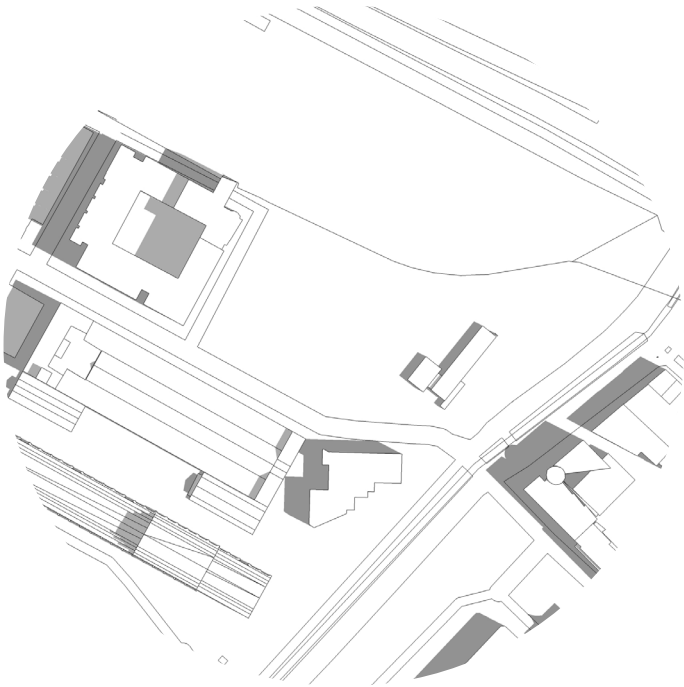
26 July: 10.00
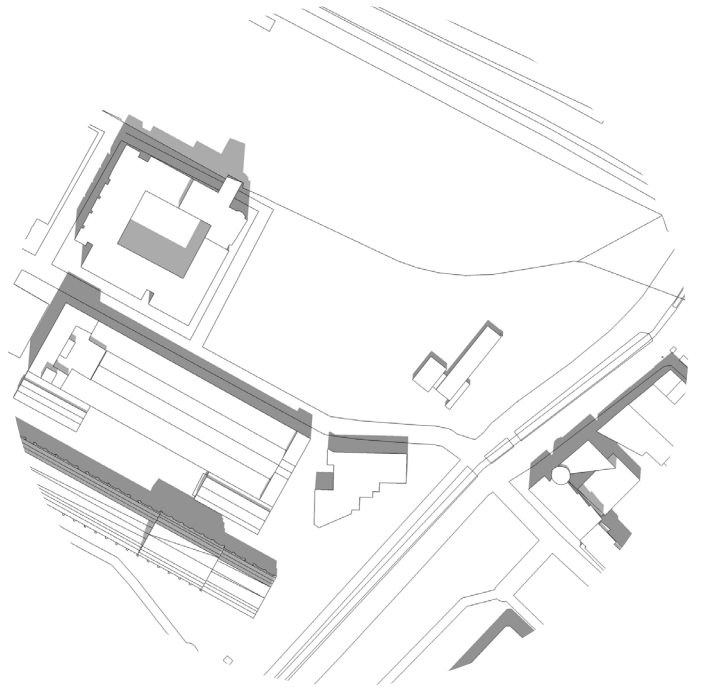
26 July: 13.00
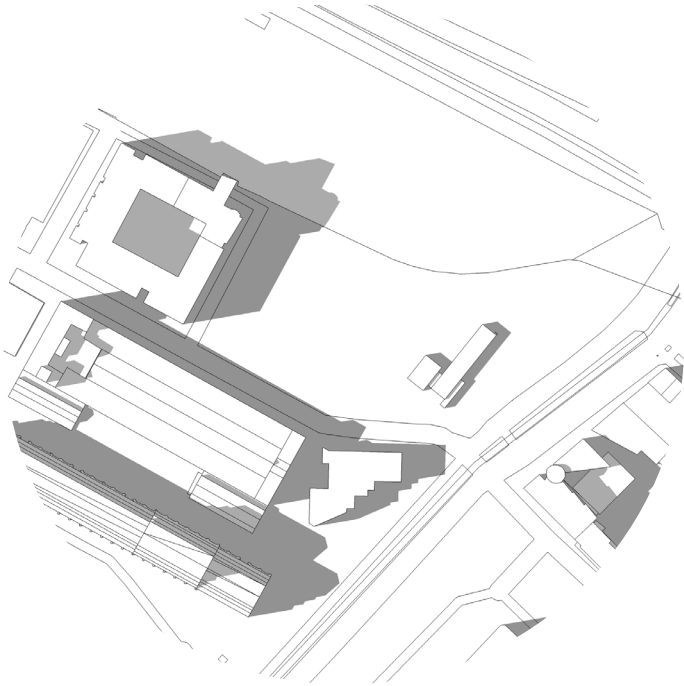
26 July: 16.00

26 July: 19.00

800 M

500 M

300 M
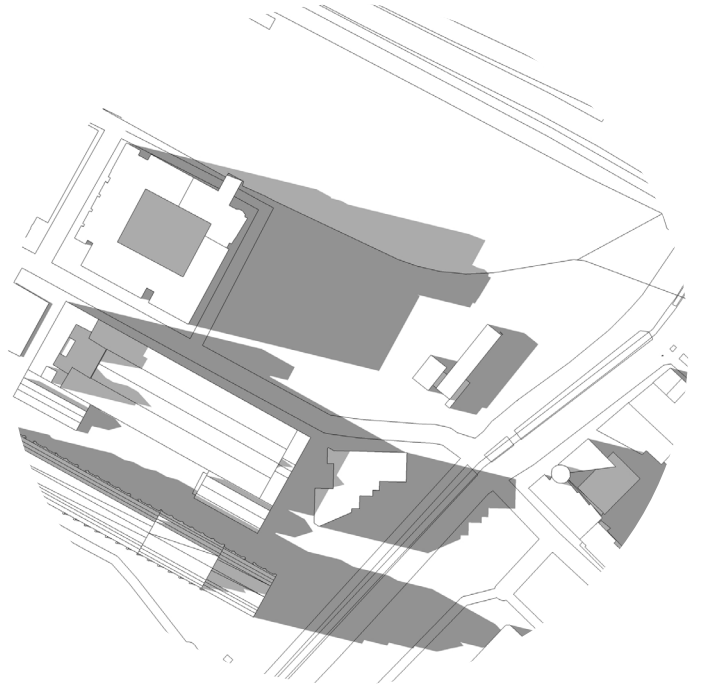
CARE FACILITIES
This drawing shows the different care functions. Interesting are the 2 night shelter places whitin 800 meters of the site. Close to the site, a supported living facility is located for former addicts/ homeless. In the Czaar Peterstraat north east of the location, a general practioner and a physiotherapist are located.

Shelter places

Supported living/Protected living

First line healthcare
(General practitioner/physiotherapist/ etc.)

Resedential care complex

Mental healthcare

Other care functions
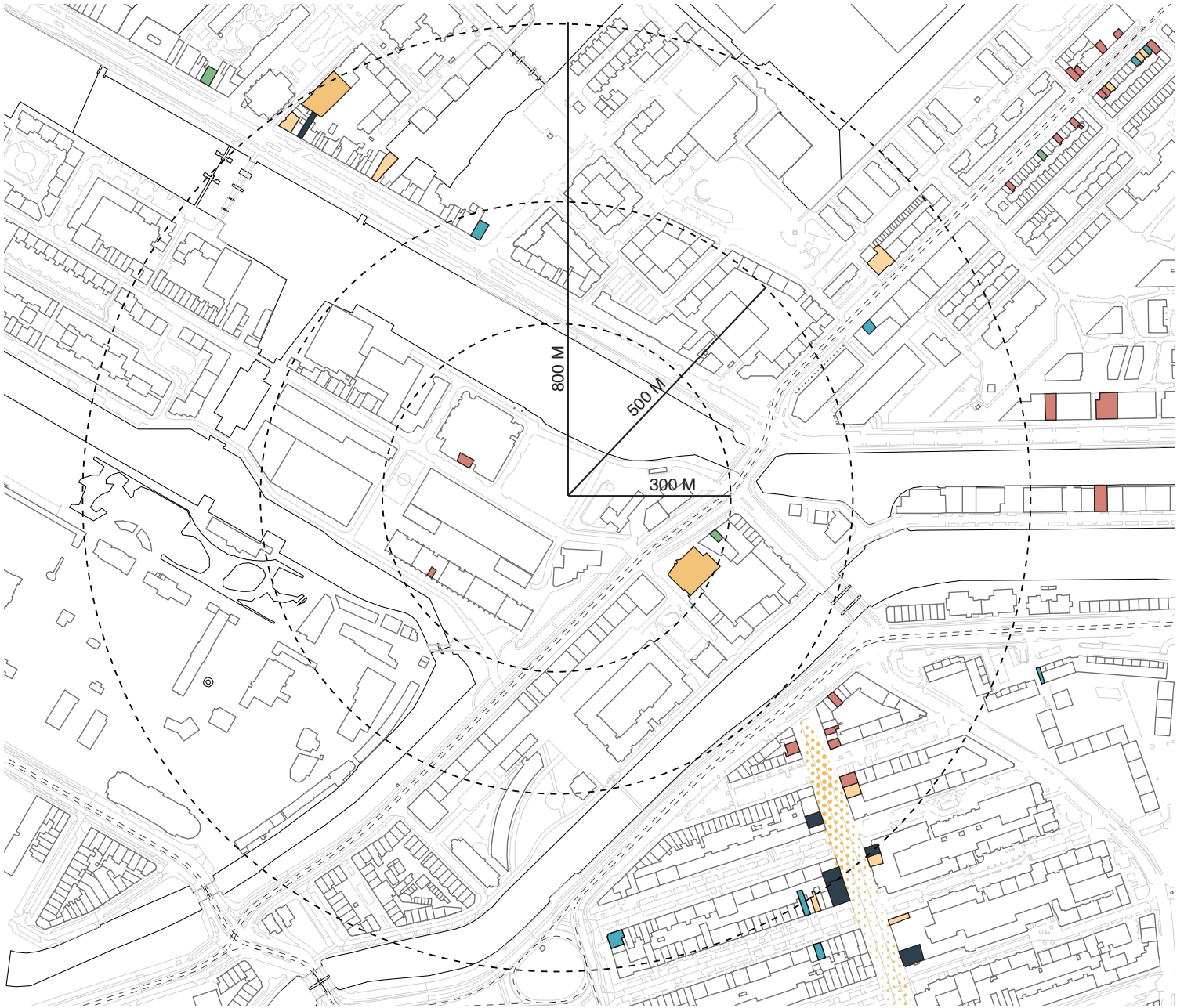
SHOPPING FACILITIES
Close to the site, a large supermarket is located. On the Dapper-straat, on the south side of the water, there is a lively shopping street with a weekly market. Also the Czaar Peterstraat contains various shops and amenities.

Small grocery store

Health and Hygiene
(Hairdresser/drugstore/pharmacy/pedicure)

Technical services (Bike shop/Workshop)

Clothing store

Other care functions

Weekly Market

800 M

500 M

300 M

Restaurant

Café/Lunchrooms/Cafetaria

Coffee shop (drugs)

Theatre & Museums
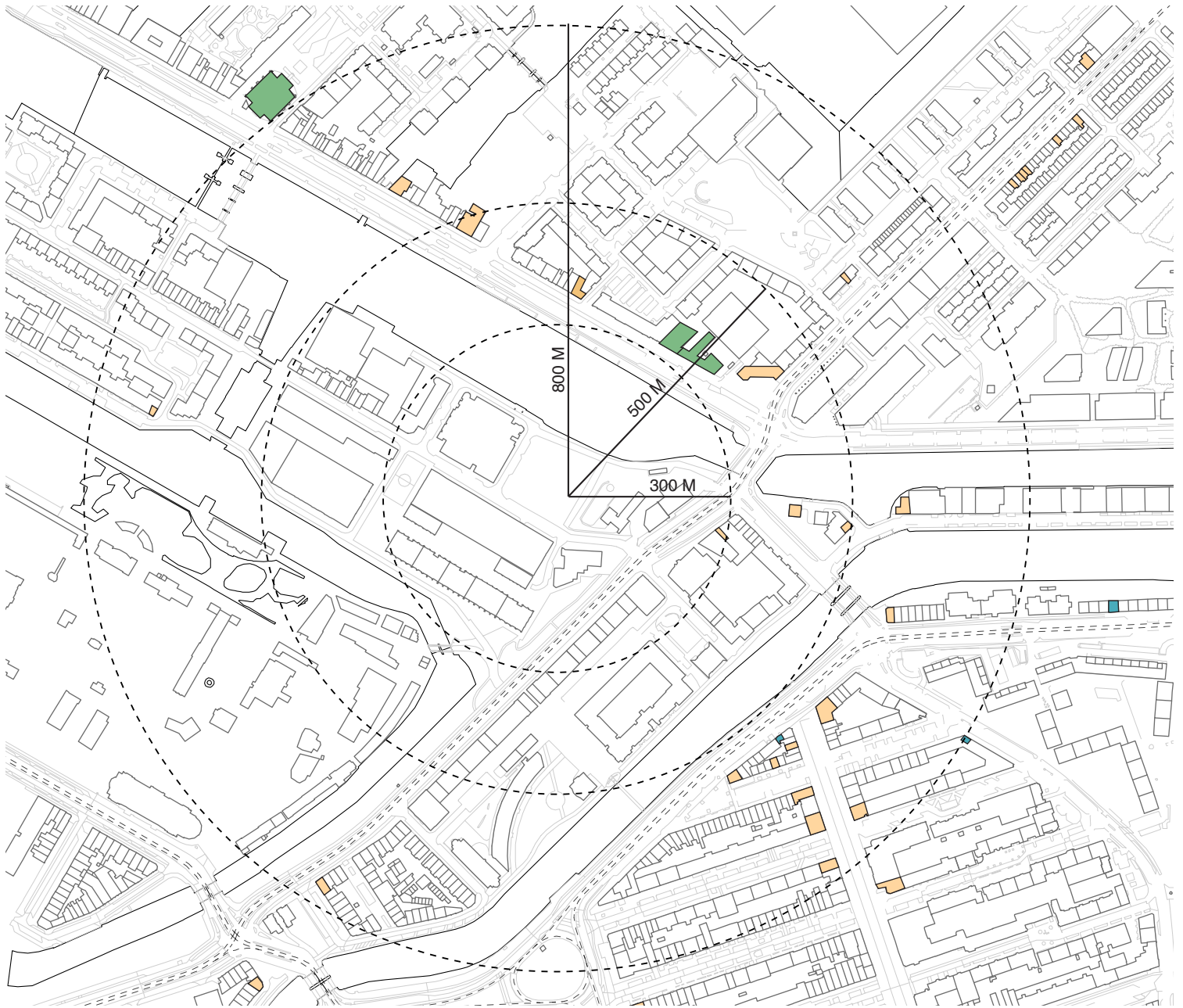
HORECA FACILITIES
Horeca facilities can be found around the windmill and on the other side of the water. Also in the Dapperstraat, various horeca facilities are located. North of the site, a small theater and a local museum are located.
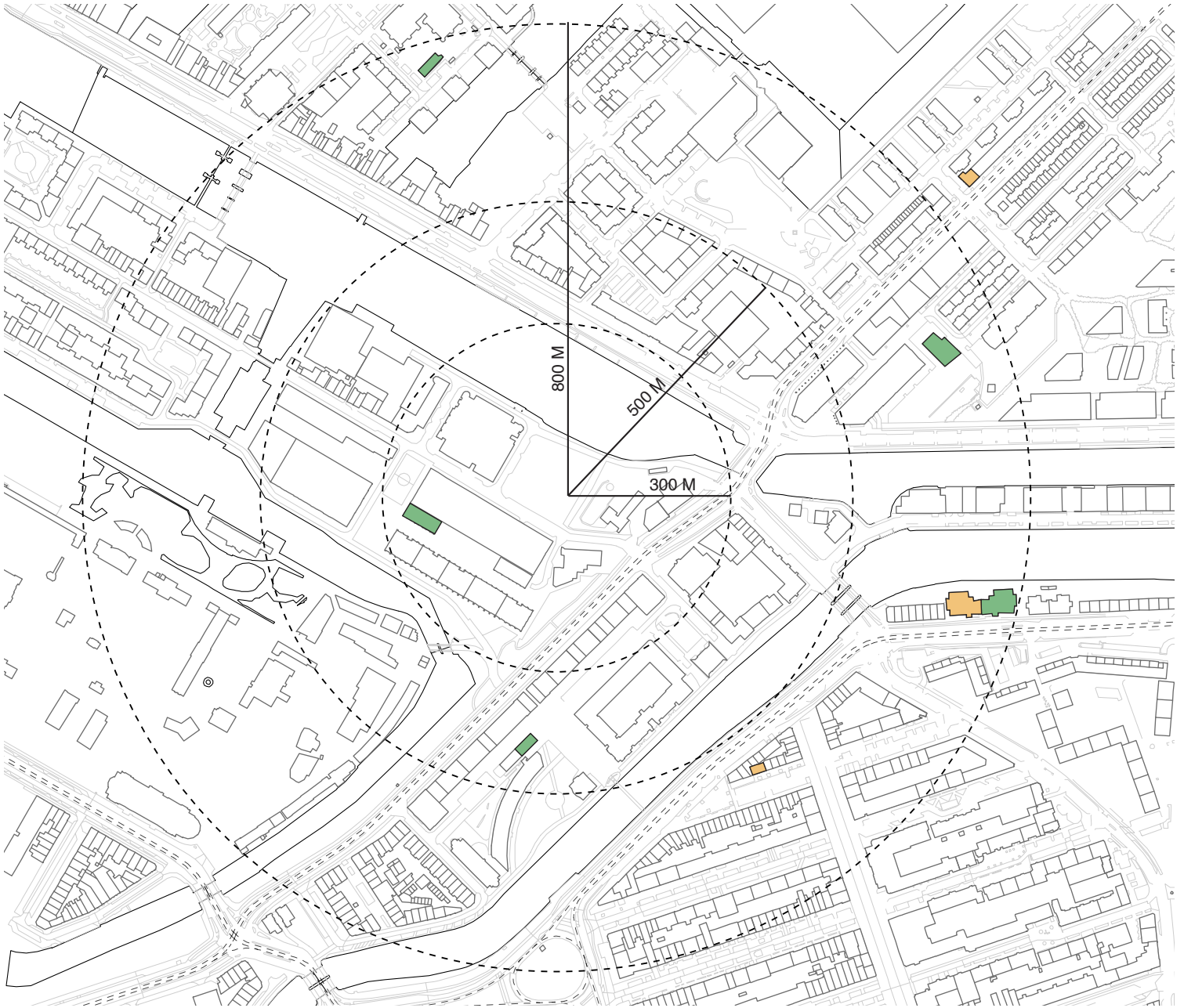
COMMUNAL FACILITIES
Within 800 m of the site, 4 daycares can be found.

■ Communal functions (Space for activities, neighbourhood

■ Youth Centre

■ Daycare Centre

IMPORTANT PLACES CLOSE TO THE SIDE

Daycare

Supermarket

Small theater

Night shelter facility

temporary

Protected living facility

24h

Restaurant
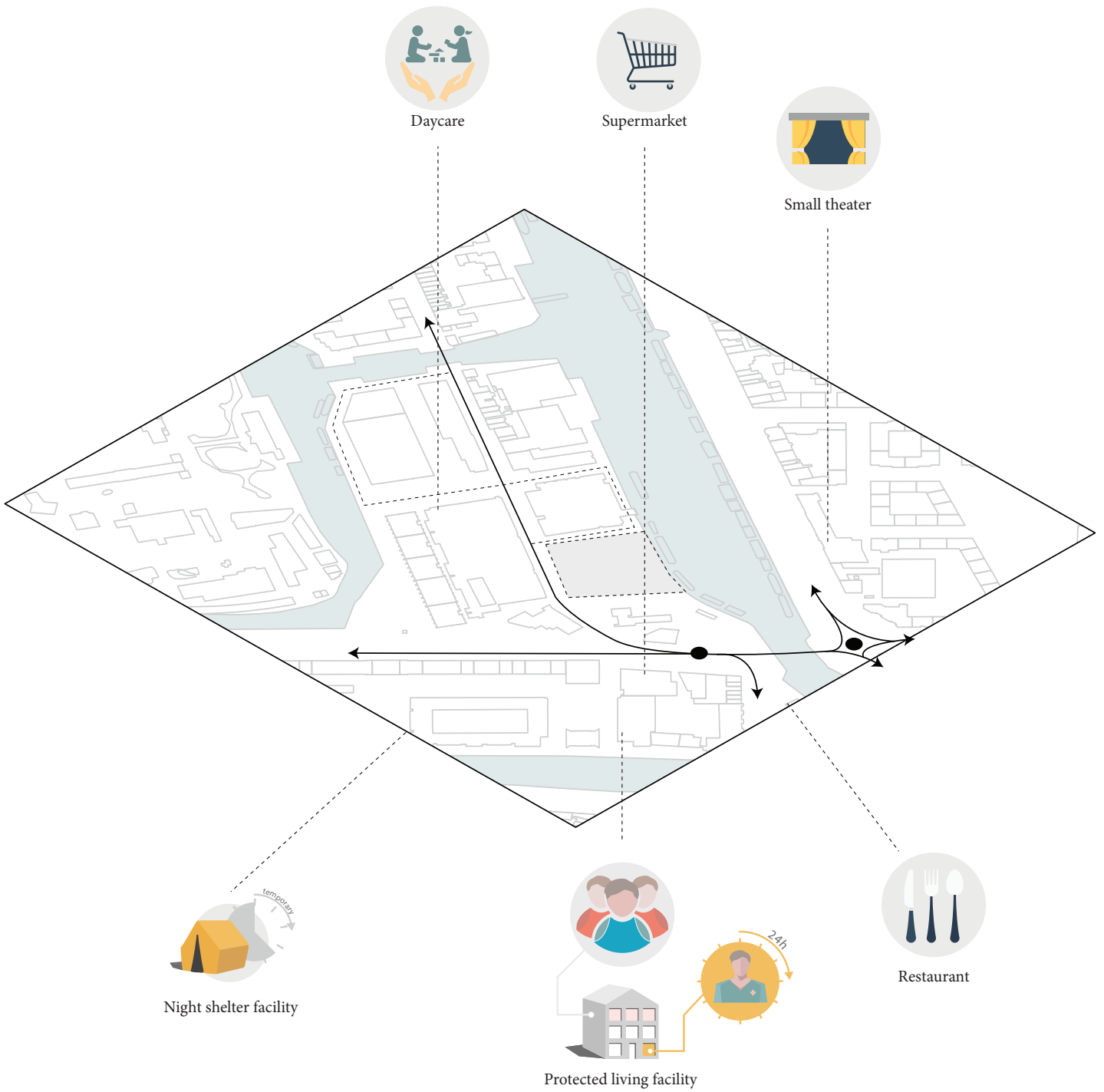
IMPORTANT FACILITIES CLOSE BY
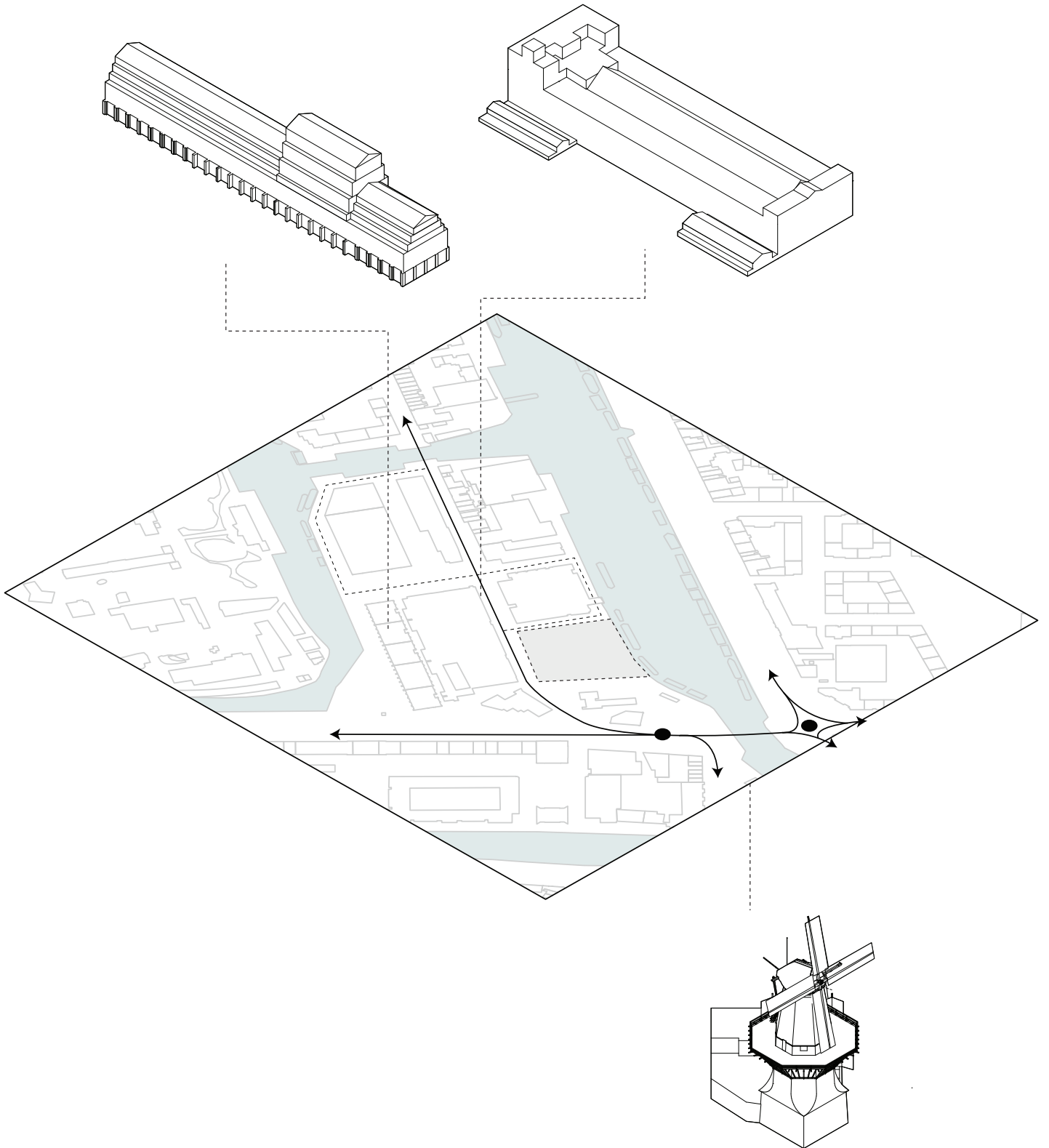
IMPORTANT BUILDINGS CLOSE BY
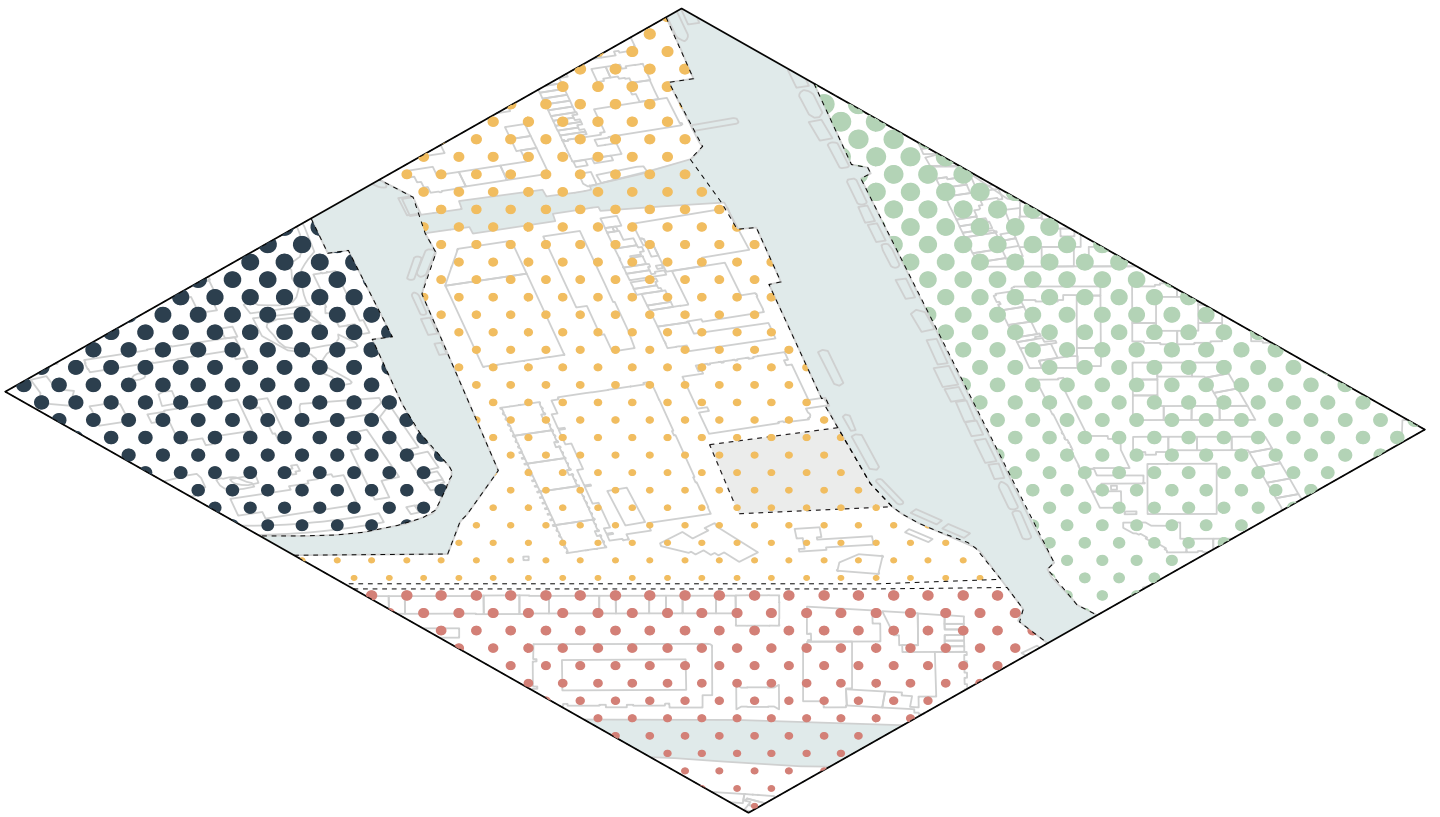
LOCATIONS ON THE CROSSING POINT OF
3 NEIGHBOURHOODS
The location is close to the crossing point of 3 different neigh-
bourhoods, namely the Czaar Peterbuurt, Hoogte Kadijken and
Sarphatibuurt.
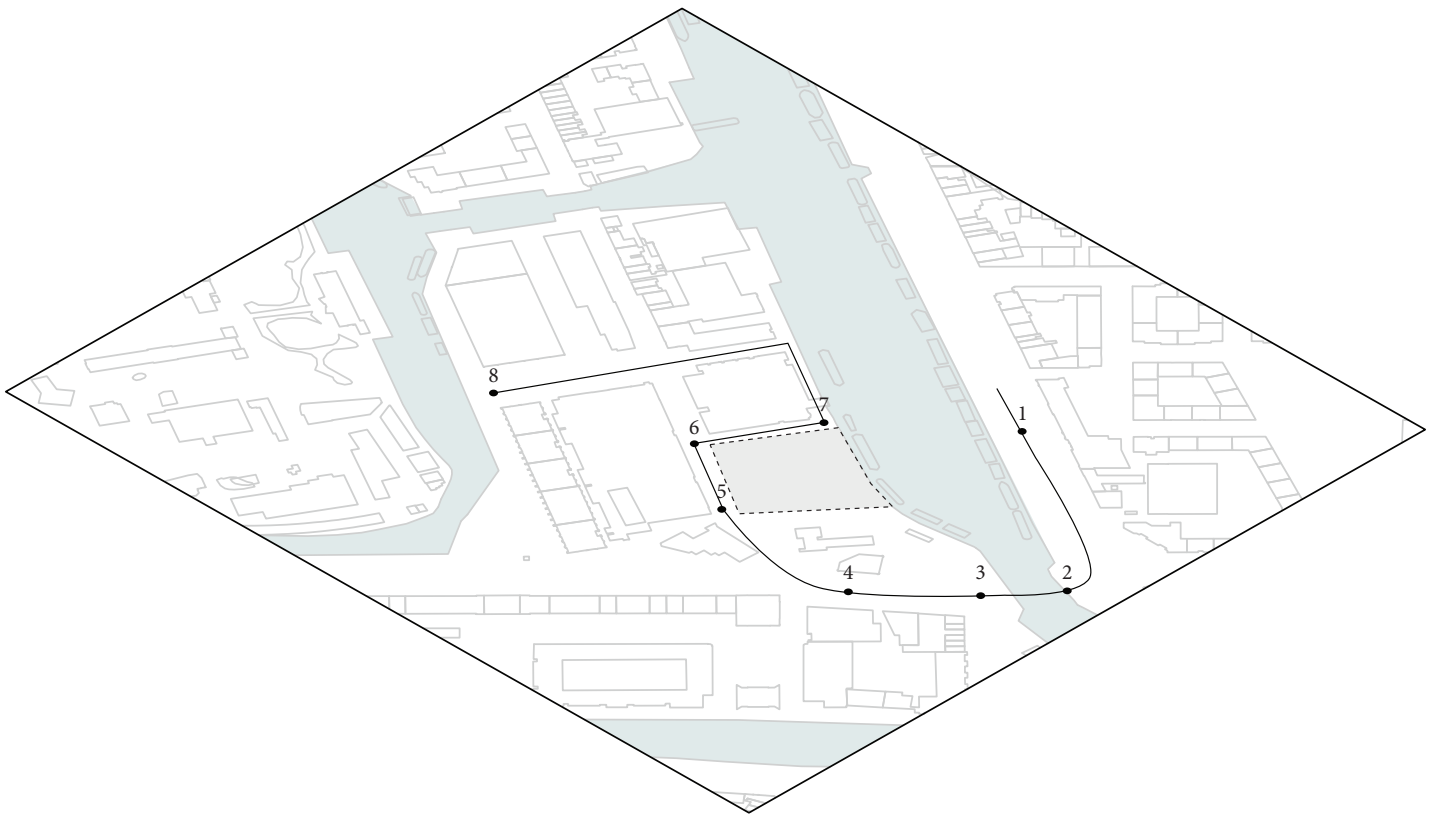
CONCLUSIONS

In this chapter the most relevant conclusions will be presented and the design brief will be described as a result of the conclusions. This design brief will form the base of the eventual design project.

TARGET GROUPS
The term 'vulnerable target group' is to wide to base a design brief on. Therefore, in the first chapter, the research goes deeper into the term 'vulnerable' and the defined target groups by the municipality of Amsterdam. This analysis shows that the extra-muralisation has effect on some of these target groups and that for these groups the problems are more severe then others. These target groups are:

- Uitstroom MO/BW, people that are comming out of a protected living- or social care facility.
- Young homeless
- Famillies in a social care program
- Mildly mental disabled people

The research shows that, especially for these specific target group, the extramuralisation of the social care system requires a sufficient approach on the field of provision of housing. Numbers show that the demand for housing from these groups are growing, but that because of the intens housing market in Amsterdam the supply is insufficient.

Also on the subject of independent living, these groups can benefit the most from the provision of suitable housing. The other groups that are described in the report can easier be served out of the regular (social) housing stock and can be helped with the regular urgency policy of the municipality.

INDEPENDENT LIVING
The research have shown that living independently can be a big step for the described target groups. Therefore various requirements are set to enable vulnerable people to live independently. Next to affordable and small dwellings, a vital social network is essential. Also having a meaningfull daily activities is an important requirement for living independently.

PARTICIPATION
The requirements for independent living for vulnerable people all have a common goal: participation. This means that vulnerable people should be able to contribute and participate in our contemporary society. To enable them to participate, they need to be stimulated on various fields. The most important participatory fields are work, education and social interaction. In the research various ways to stimulate this are further developed.

Work & Education
Work can be marked as one of the most important participatory field. In the research various ways are described how this can be stimulated by the way we incorperate workplaces in housing complexes for vulnerable target groups. One of the most important results of this research is that we should make the working environment visible towards the neighbourhood and create value for the neighbourhood.
Education can stimulate the development of the working abilities of vulnerable people and therefore contribute to the participation of these groups of people.

The case studies have shown that workspaces are an essential part of a housing complex for vulnerable people. In all the analysed buildings, workspace(s) where somehow incorperated in the plinth of the building.

Social interaction
Social interaction adds to the level of participation of vulnerable people and is essential in the lives of vulnerable people. Without social interaction, they aren't able to build up a social network, which is essential to live independently. Therefore, various ways to stimulate social interaction trough design is incorperated in the research. Jan Gehl, for example provides a set of spatial requirements for the build environment to stimulate social interaction.

Social Space
Social space plays an important role in this matter. Social space can be seen as a spatial environment in wich social interaction takes place. The case studies show that these spaces usually emerge as a common space connected to the acces space (corridor or gallery). An outdoor space could also function as a social space. In all case studies, the collective outdoor spaces functions as spatial configuration of social interaction.

COMBINATION OF VULNERABLE AND NON-VULNERABLE
In 2 of the 3 case studies, vulnerable target groups where mixed with non-vulnerable residents. This approach can lead to stimulating effects on the social participation of the vulnerable target groups. It also could relief the profesional social support program, which is the case in the Casa Parana case study, where non-vunerable residents furfill socail support task on a voluntary basis. A buddy-system can help vulnerable people to develop their social skills in a more natural way then with a social care program.

DWELLING TYPES

Vulnerable people that come out of a protected/assisted living program or a social care facility are used to small dwellings. For some of them the step towards a fully individual dwelling is to big, therefore a groupdwelling with individual rooms, but without fulltime supervision, can be a suitable intermediate step towards independent living for those people. The case studie and literature shows that these groupdwellings are regularly groups of 8-10 inhabitants.

The case studies have shown that dwellings are approximately 25-30 m^2 for a single room appartment and 40-50 m^2 for a dubble room appartment.

The dwellings for non-vulnerable groups are meant for recently graduated starters or students that are almost graduated. A variety of dwellings should be available for them. Most suitable will be a single room appartment or a dubble room appartment, between 40-50 m^2.
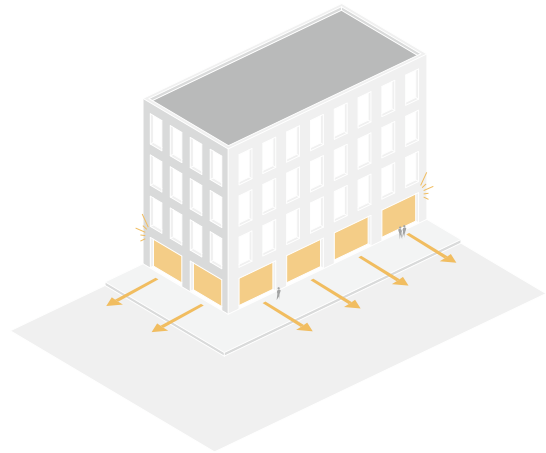
OUTDOOR SPACE

The case studies have shown that certain small single room appartments regurarly don't have an individual outdoor space. The complexes all contained various forms of collective outdoor space: courtyard, roof terraces or half-open courtyard.
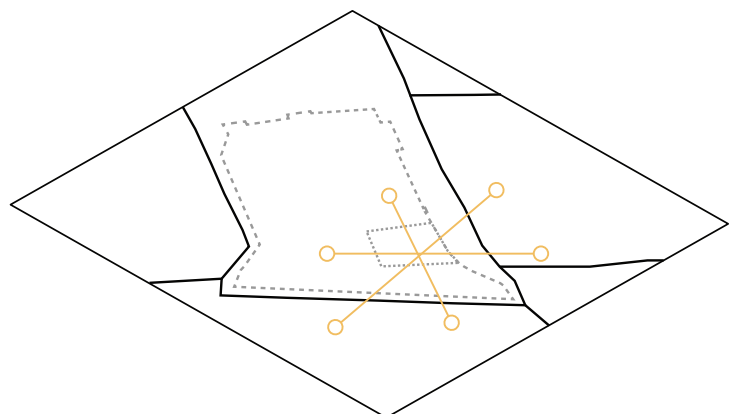
1
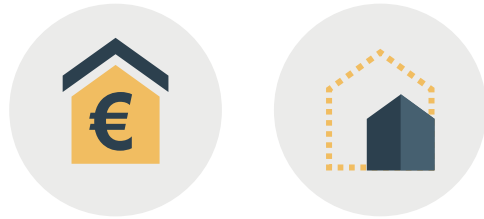
Vulnerable people benefit for small
dwellings = affordable & easy to maintain

2

Create active plinth with functions that stiimulate
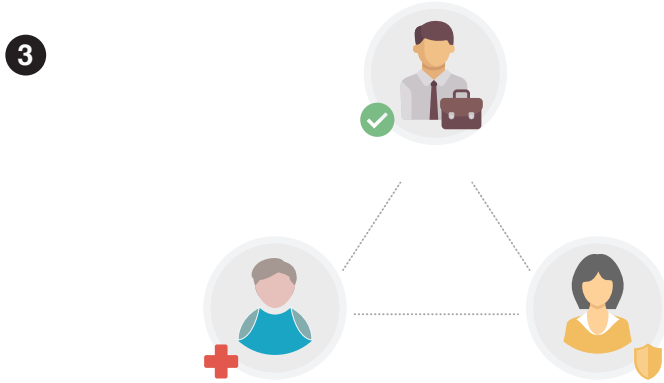different forms of participation and social activity

2

Connect with adjecent neighbourhoods & add value to
the environment to attract a divers type of people

STARTING POINTS FOR THE DESIGN
Out of the conclusions we could filter the most important
starting points to which a housing scheme for vulnerable
people should comply..

3

Incorperate a socially strong and motivated target group into the building in combination with a social support point/person

4
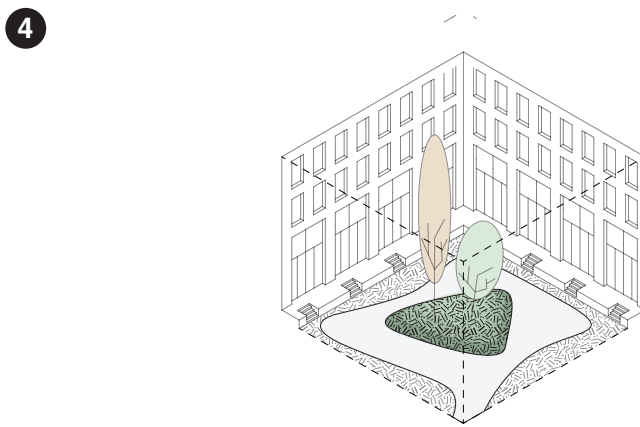
Create quiet and protected space where the inhabitants can withdraw themself

5
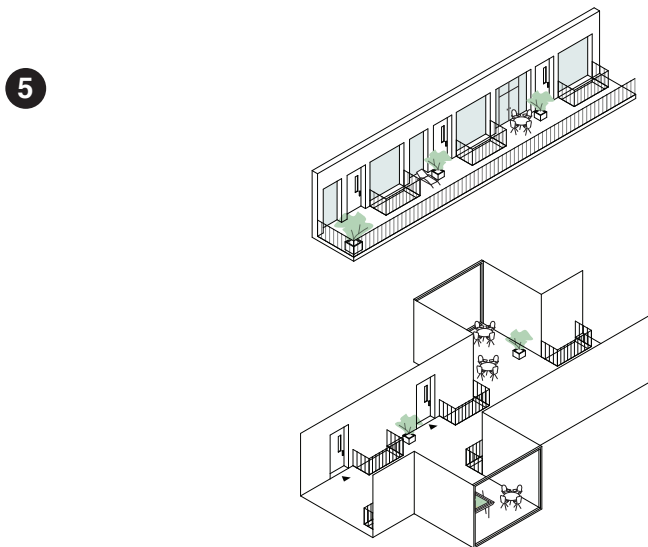
Create communal social space, preferably connected to acces type

DWELLING TYPES

The chosen dwelling types are derived from the demands of the target groups. The number of each types is determined on one hand by the demand that is stated in the report 'Huisvesting Kwetsbare doelgroepen Amsterdam' , the ratio vulnerable/non-vulnerable (1:1) and the density that can be reached on the site.
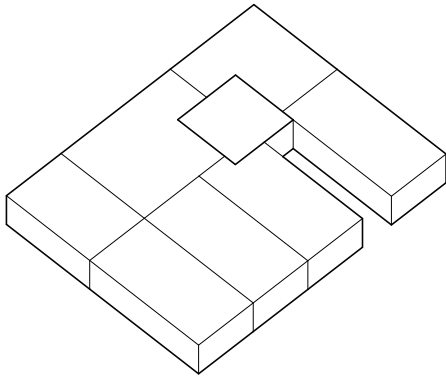
1
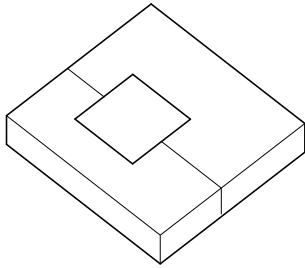
2-4 x Regular appartments
(80-100 m2)

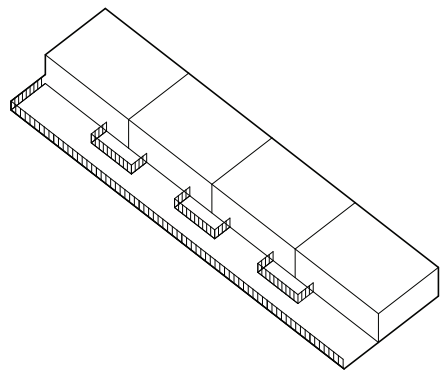*Target group
non-vulnerable/starter appartment*

3
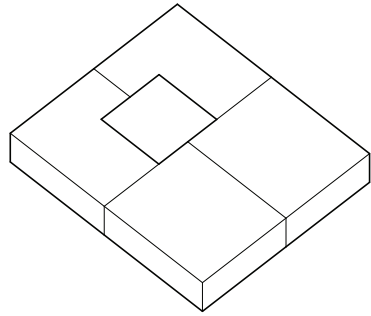
8-10 x Regular appartments
(60 m2)

*Target group
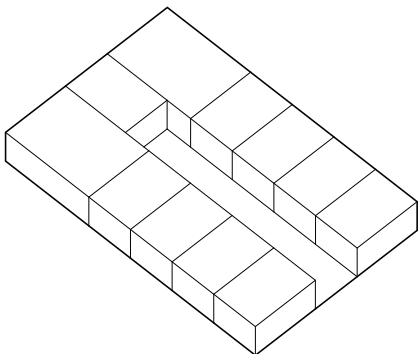non-vulnerable/starter appartment*

2

20-30 x Independent dwellings
(45-60 m2)

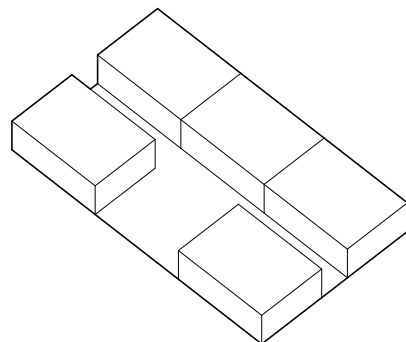*Target group:
non-vulnerable & vulnerable*

4

4-5 x Familly dwellings
(70-90 m2)

*Target group:
Famillies in a social care program*

2

2-3 x Groupdwelling
(10x 20-25 m2 rooms)

*Target group:
Vulnerable*

5

40-50x Independent dwellings
(30-40 m2 single room appartments)

*Target group:
non-vulnerable & vulnerable*

DESIGN ASSIGNMENT
At the end of this research all the knowledge about how to design for vulnerable targets groups has to land in a description of how I will translate this knowledge into an architectural project. In the following description I will set out the vision that emerged from the research and which should lead to a suitable housing complex in which vulnerable people could live independently and are enabled to participate in our contemporary society.

Description of the design assignment
Design a housing complex that enables vulnerable people to live independently and stimulate participation. To stimulate the participation of vulnerable people, the complex should include various functions on this matter, namely:
- (Educational) workspaces
- Collective social spaces like a neighbourhood living room where they could develop social skills and meet people that live in the complex and the neighbourhood. This also contributes to the prevention of loneliness and social inactivity of people in the neighbourhood.
- Cultural spaces like ateliers and galleries.

The complex should function as a social anchor point for the neighbourhood and contribute to the social capital of it. Therefor the complex should include amenities that has value for its environment on different aspects, like a (social)care center with a general practitioner, social worker and neighbourhood worker.

Also the presence of health facilities like a gym/sport facility can contribute to the well-being of the inhabitants of the complex and neighbourhood.

The dwellings of the vulnerable target group will be mixed with dwellings for non-vulnerable target groups. The non-vulnerable target group will exist out of a combination of students that are almost graduated and young starters. This mix will contribute to the normalization of the vulnerable target group in the neighbourhood and against stigmatization.

The dwelling typologies should meet the requirements of the vulnerable target group. Most of the people that can be marked as vulnerable are single and aren't used to live independently. This means that they aren't used to maintain the household of a big apartment. Therefore they benefit from small apartments in the range of 25-45 m2, which is slightly bigger than in a protected living facility. The non-vulnerable target groups will consist out of 1 person- and 2 person households. They will be served with dwellings of 40-60 m2.

The dwelling configuration should emphasize on the social cohesion between the inhabitants of the building. This means that the dwellings should be connected to the communal (accessibility) space in a way that it stimulates interaction and challenge the inhabitants to rely on eachother.

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TU DELFT
Faculty of Architecture & Build Environment
Master Architecture
Dwelling Graduation Studio
Dutch Housing Studio Stronghold Amsterdam

January 2018

Tutors: T.H. Kupers; P.S. van der Putt
Student: C.J. van Iwaarden